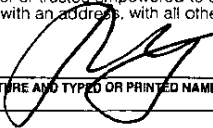


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90034 026 ***150.00

DOCUMENT # P00000053098 1. Entity Name NAP OF THE AMERICAS, INC.					
Principal Place of Business 2601 S. BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133			Mailing Address 2601 S. BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-1018178			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SICHTA, ROBERT D 2601 S. BAYSHORE DR. SUITE 1600 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, MANUEL D 2601 S. BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEGRERA, JOSE 2601 S. BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GONZALEZ, JOSE E 2601 S. BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SICHTA, ROBERT D 2601 S BAYSHORE DR 9TH FLOOR MIAMI, FL 33133	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  ROBERT D. SICHTA, ASST. SECRETARY 4/1/05 305-856-3200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50034825



03092005 Chg-P CR2E034 (10/03)