
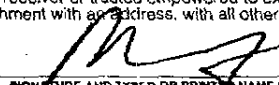


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
		01062006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1018178		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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		DO NOT WRITE IN THIS SPACE
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000450864 03/10/06-80023-012 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, MANUEL D 2601 S. BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEGRERA, JOSE 2601 S. BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SICHTA, ROBERT D 2601 S BAYSHORE DR 9TH FLOOR MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, NOT SECY. 2/27/06 305-856-3200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		