2006 OR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P0000053098 1. Entity Name NAP OF THE AMERICAS, INC.				06 DEC 15 PM 4: 38		
			SECRETAIL OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 2601 S. BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133 2. Principal Place of Business - No P.O. Box #		Mailing Address 2601 S. BAYSHORE DR., 9TH FLOOR MIAMI. FL 33133				
Suite, Apt. II, etc.		Suite, Apt. #, etc.		2142006 Chg-P CR2E034 (12/06)		
City & State		City & State		4. FEI Number Applied For		
Zip	Country	Zip	Country	65-1018178 Not Applicable 6. Certificate of Status Desired \$8.75 Additional		
	6. Name and Address of Current F	Registered Agent	- -	7. Name and Address of New Registered Agent		
			Name	orate Creations Network Inc.		
SICHTA, ROBERT D 2601 S. BAYSHORE DR.			Street Address (P.O. Box Number is Not Acceptable)			
SUITE 1600			#221	O Prosperity Farms Road		
MIAMI. FL 33133						
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. Angela E. HOWatturent VP						
SIGNATURE Signature hood or provide name of registered agent and that Tabblicable Compression for the control of the control						
9. Efection Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND I	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 S		
HAME	MEDINA, MANUEL D		HAME	Adam T. Smith		
STREET ADDRESS CITY-ST-ZIP	2601 S. BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133		STREET ACORESS CITY - ST - ZIP	2601 South Bayshore Drive, Suite 900 Miami, FL 33133		
TITLE	OP	☐ Delete	TITLE	☐ Change ☐ Addition		
HAME STREET ADDRESS	SEGRERA, JOSE 2601 S. BAYSHORE DR., 9TH FL	OOR	HAME STREET ALDRESS	700082637697 12/19/0601029011 **61.2\$		
CITY-SI-ZIP	MIAMI, FL 33133		CITY-ST-RP	12/19/0601029011 **61.23		
TITLE HALLE	AS SICHTA, ROBERT D	C Dictore	TITLE NAME	Change Addition		
STREET ADDRESS	2601 S BAYSHORE DR 9TH FLO	oor (STREET ADDRESS	j		
CITY-ST-ZIP	MIAMI, FL 33133	☐ Delete	CATY-ST-ZP	☐ Change ☐ Addition		
TITLE		O Desce	NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-2P	†		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZF			
TITLE		☐ Delete	TITLE NAME	Change Addition		
NAME STREET ADDRESS			STREET ADCHESS			
CITY ST- 282	i e	CITY-ST-ZP CITY-ST-ZP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that I am an officer or director.				
	certify that the information supplied with	this filling does not qualify for	the exemptions co	ntained in Chapter 119, Florida Statutes, I further certify that the information		
12. Uhereby	d on this report or supplemental report is provided or the receiver or trustee emport, or on an attach minimum that an address, y	this filling does not qualify for true and accurate and that my wered to execute this report at with all other like ampowered. ALL AS GHW RINTED NAME OF BIGNING OFFICER OF	required by Char	ntained in Chapter 119, Florida Statutes. I further certify that the information ve the same legal effect as if made under oath; that I am an officer or director ster 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Adam Smuth 12/14/66 Determine Promise Prom		

FILED