

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000112269

1. Entity Name
EVERYTHING TRADESHOWS, INC.



Principal Place of Business
3901 SW 47 AVE STE 402
FT LAUDERDALE, FL 33314

Mailing Address
3901 SW 47 AVE STE 402
FT LAUDERDALE, FL 33314



07112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0122884

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOCASIO, JOHN
3901 SW 47 AVE STE 402
FT LAUDERDALE, FL 33314

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO LOCASIO, JOHN 3901 SW 47TH AVE STE 402 FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCIO PILUSO, BART 3901 SW 47TH AVE STE 402 FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO CHASE, CHRISTIAN D 3901 SW 47TH AVE STE 402 FORT LAUDERDALE, FL 33314
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07/18/06-80003-009 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Locascio

Date

Daytime Phone #

7/12/06 954-791-8882