

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90010 031 \*\*\*150.00



**DOCUMENT # P94000018014**  
 1. Entity Name  
 NORTH AMERICA TRADE SHOWS, INC.

Principal Place of Business  
~~1210 WASHINGTON AVE~~  
~~SUITE 215~~  
 MIAMI BEACH, FL ~~33139~~ US

Mailing Address  
~~1210 WASHINGTON AVE~~  
~~SUITE 215~~  
 MIAMI BEACH, FL ~~33139~~ US

54026170



2. Principal Place of Business  
 1250 20th St.  
 Suite, Apt. #, etc.  
 2D

3. Mailing Address  
 1250 20th St.  
 Suite, Apt. #, etc.  
 2D

02272004 Chg-P CR2E034 (10/03)

City & State  
 MIAMI BEACH MIAMI BEACH

4. FEI Number  
 65-0475704

Applied For  
 Not Applicable

Zip  
 33140 Country  
 DADE

Zip  
 33140 Country  
 DADE

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

6. Name and Address of Current Registered Agent  
 SKOLA, THOMAS J  
~~501 BRICKELL KEY DRIVE~~  
~~SUITE 602~~  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 1001 Brickell Bay Dr., Ste. 1508  
 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 *Thomas J Skola* DATE 3/8/2004

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT GAUFILLIER, VALERIA 555 NE 15TH STREET MIAMI, FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SKOLA, THOMAS J <del>501 BRICKELL KEY DRIVE, SUITE 602</del> MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
555 NE 15th Street, #30k		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1001 Brickell Bay Dr., Suite 1508		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ugamp...* DATE: 03/24/04 DAYTIME PHONE #: 305.532.8224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR