

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90568 028 ***150.00

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



Principal Place of Business: 1935 WEST AVE. SUITE 205 MIAMI BEACH, FL 33139 US
 Mailing Address: 1935 WEST AVE. SUITE 205 MIAMI BEACH, FL 33139 US

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

20036473
 01312005 Chg-P CR2E034 (10/03)
 4. FEI Number: 65-0475704 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SKOLA, THOMAS J
 1001 BRICKELL DR., STE 1508
 MIAMI, FL 33131

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: _____ DATE: _____
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, 2005 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	DPT GAUPILLIER, VALERIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	565 NE 13TH STREET, #30K	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE NAME	S SKOLA, THOMAS J	<input type="checkbox"/> Delete
STREET ADDRESS	1001 BRICKELL DR., STE 1508	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	MARCIO F. GOMEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1935 WEST AVE. STE 205	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ DATE: 04/04/05 DAYTIME PHONE #: (305) 5328224