


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90002 031 \*\*\*150.00

**DOCUMENT # P94000018014**


1. Entity Name  
 NORTH AMERICA TRADE SHOWS, INC.



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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country




02032006      Chg-P      CR2E034 (11/05)

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: **SKOLA, THOMAS J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 Southeast Second Street, Suite 3300**  
 City: **MIAMI**      FL      Zip Code: **33131-2148**

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: **2/8/06**

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**  
**After May 1, 2006 Fee will be \$550.00**

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


10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	GOMEZ, MARCIO F	
STREET ADDRESS	1935 WEST AVENUE SUITE 205	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	SKOLA, THOMAS J	
STREET ADDRESS	1001 BRICKELL DR., STE 1508	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOLA, THOMAS J.	
STREET ADDRESS	100 Southeast Second Street, Suite 3300	
CITY-ST-ZIP	MIAMI, FL 33131-2148	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:       Date: **02/27/06**      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #