## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000018014

FILED Feb 10, 2009 Secretary of State

Entity Name: NORTH AMERICA TRADE SHOWS, IN	IC.
Current Principal Place of Business:	New Principal Place of Business:
1455 OCEAN DRIVE PH 5 MIAMI BEACH, FL 33139 US	110 WASHINGTON AVENUE 2315 MIAMI BEACH, FL 33139 US
Current Mailing Address:	New Mailing Address:
1455 OCEAN DRIVE PH 5 MIAMI BEACH, FL 33139 US	110 WASHINGTON AVENUE 2315 MIAMI BEACH, FL 33139 US
FEI Number: 65-0475704 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
SKOLA, THOMAS J 100 SOUTHEAST SECOND STREET STE 3300 MIAMI, FL 331312148 US	
The above named entity submits this statement for the μ in the State of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Age	ent Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: DPT ( ) Delete Name: GONCALVES FILHO, MAXIMIANO	Title: DPT (X) Change ( ) Addition Name: GONCALVES FILHO, MAXIMIANO

Title: DPT () Delete Title: DPT (X) Change () Addition Name: GONCALVES FILHO, MAXIMIANO Name: GONCALVES FILHO, MAXIMIANO Address: 1455 OCEAN DRIVE PH 5 Address: 110 WASHINGTON AVENUE #2315 City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SKOLA, THOMAS J
 Name:

 Address:
 100 SOUTHEAST SECOND STREET, STE 3300
 Address:

 City-St-Zip:
 MIAMI, FL 331312148
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXIMIANO GONCALVES FILHO DPT 02/10/2009