

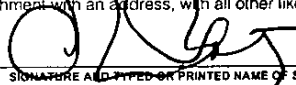


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90075 031 \*\*\*150.00

<b>DOCUMENT # S14007</b> 1. Entity Name <b>NORTH AMERICAN INVESTMENT SERVICES, INC.</b>					
Principal Place of Business <b>2655 LEJEURRE ROAD PH-2C CORAL GABLES, FL 33134</b>			Mailing Address <b>2655 LEJEURRE ROAD PH-2C CORAL GABLES, FL 33134</b>		
2. Principal Place of Business <i>2655 LeJeurre Rd.</i> Suite, Apt. #, etc. <i>PH-2C</i> City & State <i>Coral Gables, FL</i> Zip <i>33134</i>		3. Mailing Address <i>2655 LeJeurre Rd.</i> Suite, Apt. #, etc. <i>PH-2C</i> City & State <i>Coral Gables, FL</i> Zip <i>33134</i>			
4. FEI Number <b>65-0355311</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SOTO, OSVALDO N. 2655 LEJEURRE ROAD PH-2C CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2655 LeJeurre Rd.</i> <i>PH-2C</i> City <i>Coral Gables</i> <b>FL</b> Zip Code <i>33134</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SOTO, OSVALDO N. 2655 LEJEURRE ROAD #PH-2C CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>2655 LeJeurre Rd., PH-2C Coral Gables, FL 33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>2655 LeJeurre Rd., PH-2C Coral Gables, FL 33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>2655 LeJeurre Rd., PH-2C Coral Gables, FL 33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>2655 LeJeurre Rd., PH-2C Coral Gables, FL 33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>2655 LeJeurre Rd., PH-2C Coral Gables, FL 33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		1/12/06 (305) 567-0010			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			