

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000018014

**Entity Name:** NORTH AMERICA TRADE SHOWS, INC.

**Current Principal Place of Business:**

690 SW 1ST CT, SUITE 3117  
MIAMI, FL 33130

**FILED**  
**Feb 03, 2016**  
**Secretary of State**  
**CC1556457733**

**Current Mailing Address:**

201 SOUTH GIBSON ROAD  
ROOM 2202  
HENDERSON, NV 89012 US

**FEI Number:** 65-0475704

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PALMIERI, THOMAS J ESQ.  
340 MINORCA AVENUE  
SUITE ONE  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:** THOMAS J. PALMIERI, ESQ.

02/03/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPT  
Name GONCALVES , MAXIMIANO AUGUSTO  
Address 201 SOUTH GIBSON ROAD  
ROOM 2202  
City-State-Zip: HENDERSON NV 89012

Title S  
Name PALMIERI, THOMAS J ESQ.  
Address 340 MINORCA AVENUE  
SUITE ONE  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR AND VICE-PRESIDENT  
Name GONCALVES, ALEXANDRE AUGUSTO  
Address 201 SOUTH GIBSON ROAD  
ROOM 2202  
City-State-Zip: HENDERSON NV 89012

Title DIRECTOR AND VICE-PRESIDENT  
Name GONCALVES, BRUNNA TAYER  
Address 201 SOUTH GIBSON ROAD  
ROOM 2202  
City-State-Zip: HENDERSON NV 89012

*I hereby 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 all other like empowered.*

**SIGNATURE:** MAXIMIANO GONCALVES

**PRESIDENT**

02/03/2016

Electronic Signature of Signing Officer/Director Detail

Date