


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000005107
 1. Entity Name
 MINIBAR NORTH AMERICA, INC.



Principal Place of Business Mailing Address
 7340 WESTMORE RD. 7340 WESTMORE RD.
 ATTN: LAURA MARKOS ATTN: LAURA MARKOS
 ROCKVILLE, MD 20850 ROCKVILLE, MD 20850

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 52-1865714 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 registering)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TORANO, ANTHONY
STREET ADDRESS	7340 WESTMORE RD.
CITY-ST-ZIP	ROCKVILLE, MD 20850
TITLE	V
NAME	STRASSER, WALT
STREET ADDRESS	7340 WESTMORE RD.
CITY-ST-ZIP	ROCKVILLE, MD 20850
TITLE	ST
NAME	GALGANO, PATRICK
STREET ADDRESS	7340 WESTMORE RD.
CITY-ST-ZIP	ROCKVILLE, MD 20850
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/15/05-80011-009 150.00

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 reports 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:  1-19-05 #301-309-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #