2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005107

City-St-Zip:

ROCKVILLE, MD 20850

Entity Name: MINIBAR NORTH AMERICA, INC.

FILED Jan 25, 2008 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
7340 WESTMORE RD. ATTN: LAURA MARKOS ROCKVILLE, MD 20850			ATTN: NINA NGUY	7340 WESTMORE RD. ATTN: NINA NGUYEN ROCKVILLE, MD 20850	
Current N	lailing Address	s:	New Mailing Addre	New Mailing Address:	
7340 WESTMORE RD. ATTN: LAURA MARKOS ROCKVILLE, MD 20850			ATTN: NINA NGUY	7340 WESTMORE RD. ATTN: NINA NGUYEN ROCKVILLE, MD 20850	
FEI Number	: 52-1865714	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1200 S. PI	PORATION SYS NE ISLAND RO ION, FL 33324				
The above in the State	e named entity s e of Florida.	ubmits this statement for the բ	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATUI	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () TORANO, ANTHO 7340 WESTMOR ROCKVILLE, ME	RE RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () STRASSER, WA 7340 WESTMOR ROCKVILLE, ME	RE RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST () GALGANO, PATI 7340 WESTMOR		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: PATRICK GALGANO CFO 01/25/2008