


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P0000077552</b> 1. Entity Name <b>MINICHAMPS NORTH AMERICA, INCORPORATED</b>	
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Principal Place of Business <b>13464 S.W. 131 STREET MIAMI, FL 33186</b>	Mailing Address <b>13464 S.W. 131 STREET MIAMI, FL 33186</b>
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**DO NOT WRITE IN THIS SPACE**



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1032104</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent

**MOTYCZKA, WILLIAM J ESQ.  
13410 S.W. 128TH STREET  
MIAMI, FL 33186**

**DO NOT WRITE IN THIS SPACE**

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 file if applicable. (NOTE: Registered Agent signature required when reconstituting)

<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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MOROT-GAUDRY, ALAIN 12080 N. CALUSA CLUB DRIVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANG, PAUL G 49AACHEN CHARLOTTENBURGER ALLEE, GE 052068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/22/06-80061-005 150.00

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:  DATE: **APR 16 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 971 1171