


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90147 018 ***150.00

DOCUMENT # H28825	
1. Entity Name INTERNATIONAL SPORT AGENCY, INC.	

Principal Place of Business 1175 N.E. 125TH ST. 211 N. MIAMI FL 33161 US	Mailing Address P.O. BOX 531018 MIAMI SHORES FL 33153 US
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2. Principal Place of Business - No P.O. Box # 1300 E MIAMI GARDEN DR Suite, Apt. #, etc. 901 E. City & State N MIAMI BEACH Zip 33179	3. Mailing Address Suite, Apt. #, etc. City & State Zip MADE FL.
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1st MOORE CR2E034 (10/07)

4. FEI Number 59-2535675		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FOSTER, WINSTON 1175 N.E. 125TH ST. SUITE 211 N. MIAMI FL 33161		

7. Name and Address of New Registered Agent FOSTER WINSTON Street Address (P.O. Box Number is Not Acceptable) 1300 E. MIAMI GARDEN DR 901 N MIAMI BEACH FL 33179	
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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 re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, WINSTON 1175 N.E. 125TH ST SUITE 211 N. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Winston Foster **WINSTON FOSTER** **4/14/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR