

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012590

FILED  
May 01, 2007  
Secretary of State

Entity Name: DISTINGUISH SPORTS, INC.

**Current Principal Place of Business:**

4811 NW 181 TERRACE  
OPA LOCKA, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

4811 NW 181 TERRACE  
OPA LOCKA, FL 33055

**New Mailing Address:**

FEI Number: 75-3205476      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

PATTERSON, LESTER  
4811 NW 181 TERRACE  
OPA LOCKA, FL 33055      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: PATTERSON, LESTER  
Address: PO BOX 172851  
City-St-Zip: HIALEAH, FL 33017

Title: DV      ( ) Delete  
Name: ROBINSON, BARRY  
Address: 2371 W LAKE MIRAMAR CIRCLE  
City-St-Zip: MIRAMAR, FL 33025

Title: DST      ( ) Delete  
Name: BROWN, EDDIE  
Address: 15920 NW 19TH AVE  
City-St-Zip: MIAMI GARDENS, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDDIE BROWN

DST

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date