

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000022314

1. Entity Name  
BEST OF SPORTS WHOLESALE & DISTRIBUTION, INC.



Principal Place of Business  
C/O ROBERT A YASTRZEMSKI  
401 LAKE SHORE DR., #704  
LAKE PARK, FL 33403

Mailing Address  
C/O ROBERT A YASTRZEMSKI  
401 LAKE SHORE DR., #704  
LAKE PARK, FL 33403



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2232816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

YASTRZEMSKI, ROBERT A  
401 LAKE SHORE DR., #704  
LAKE PARK, FL 33403

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	YASTRZEMSKI, ROBERT A
STREET ADDRESS	401 LAKESHORE DR. #704
CITY- ST- ZIP	WEST PALM BEACH, FL 33403

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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U000000321806  
04/21/05-80093-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/05 (561) 882-1812