

2006 FOR PROFIT CORPORATION ANNUAL REPORT


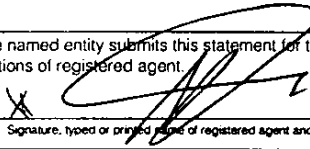
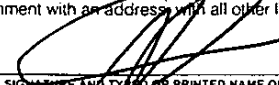
FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90030 001 ***300.00

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07102006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000047611					
1. Entity Name DISTINCTION LIMITED, INC.					
Principal Place of Business 3119 CORAL WAY MIAMI, FL 33145			Mailing Address 3119 CORAL WAY MIAMI, FL 33145		
2. Principal Place of Business PO BOX 398065		3. Mailing Address PO BOX 398065			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL.		4. FEI Number 65-1006751	
Zip 33239		Country		Applied For Not Applicable	
Zip 33239		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VEITIA, LEONIDES 1900 SUNSET HARBOUR DRIVE 1202 MIAMI BEACH, FL, FL 33139			7. Name and Address of New Registered Agent Name VEITIA, JORGE Street Address (P.O. Box Number is Not Acceptable) 1900 SUNSET HARBOUR DR. #1202 City MIAMI BEACH, FL Zip Code 33126		
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  VEITIA, JORGE 7/10/06 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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VEITIA, JORGE 3119 CORAL WAY MIAMI, FL 33145 <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	VSD VEITIA, LEONIDES 3119 CORAL WAY MIAMI, FL 33145 <input checked="" 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	VP VEITIA, LAURA 1900 SUNSET HARBOUR DR. #1202 MIAMI BEACH, FL. 33139 <input type="checkbox"/> Change <input checked="" 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		
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		
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		
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:  JORGE VEITIA, PRES.		07/10/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			