

ANNUAL REPORT

DOCUMENT # N00000001554

1. Entity Name  
THE CHAMP FOUNDATION, INC.



FILED  
Feb 11, 2004 08:00 AM  
Secretary of State

Principal Place of Business  
20831 SW 240 ST  
MIAMI, FL 33031

Mailing Address  
PO BOX 720395  
MIAMI, FL 33182



DO NOT WRITE IN THIS SPACE

01272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1066126	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

PEREZ, REINALDO  
20831 SW 240 ST  
MIAMI, FL 33031

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PEREZ, REINALDO 20831 SW 240 ST MIAMI, FL 33031
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS GREEN, SUE 8700 SW 43 STREET 8700 SW 43 ST, FL 33165
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV KNOX, GREGG 3020 SW 16 ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT RUIZ, THERESA 3840 SW 102 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

100000097115  
02/12/04 80027-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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:

*Reinaldo Perez* Reinaldo Perez, President 2/9/04 305-442-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #