


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001554

1. Entity Name
 THE CHAMP FOUNDATION, INC.



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



02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 65-1066126

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, REINALDO
 20831 SW 240 ST
 MIAMI, FL 33031

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

100000238603
 02/22/05-80006-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 2/17/05 305-442-2580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #