


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90020 012 ****61.25

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**

2. Principal Place of Business - No P.O. Box #
P.O. Box 720395

3. Mailing Address
3020 SW 16th St.

Suite, Apt. #, etc.

City & State
Miami, FL.


City & State
Miami, FL.

Zip
33172-0007

Country
USA

Zip
33145

Country
USA



05252007 Chg-NP CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 **Reinaldo Perez** **Reinaldo Perez** **7/31/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

Filing Fee is \$61.25
Due by September 14, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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** **7/31/07** **305-442-2500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #