

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000130324		
1. Entity Name CHAMPION QUEVED, INC.		

FILED

09 MAY -1 AM 9: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 210 71ST ST. SUITE 302 MIAMI BEACH, FL 33141	Mailing Address 210 71ST ST. SUITE 302 MIAMI BEACH, FL 33141
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REINSTATEMENT

CR2E098 (1/07)

08-09

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ALVAREZ, RODRIGO RENE Q 5101 COLLINS AVE., APT. 5B MIAMI BCH, FL 33140	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

900145413219
03/10/09--01008--015 **750.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, RODRIGO R 5101 COLLINS AVE., APT. 5B MIAMI BCH, FL 33140 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMOS, PAOLA CELESTE Q 5101 COLLINS AVE., APT. 5B MIAMI BCH, FL 33140 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROJAS, HUGO Q 5101 COLLINS AVE., APT. 5B MIAMI BCH, FL 33140 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE QUEVEDO, ASUNCION C 5101 COLLINS AVE., APT. 5B MIAMI BCH, FL 33140 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVAREZ, PAMELAMARIA J 5101 COLLINS AVE., APT. 5B MIAMI BCH, FL 33140 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVAREZ, QUEVEDO A 5101 COLLINS AVE., APT. 5B MIAMI BCH, FL 33140 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

900145413219
05/01/09--01064--011 **150.00

5/7

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/09

Date

305 868 8485

Daytime Phone #