


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 445061	
1. Entity Name CHAMPAIGN PLAZA CORP	

Principal Place of Business 4901 N.W. 17TH WAY SUITE 103 FT. LADUERDALE, FL 33309 US	Mailing Address 4901 N.W. 17TH WAY SUITE 103 FT. LADUERDALE, FL 33309 US
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DO NOT WRITE IN THIS SPACE

4172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1662619	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

**LEVY, ALAN M
C/O LEVY REALTY
4901 NW 17 WAY SUITE 103
FORT LAUDERDALE, FL 33309**

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANKIER, LEON 9801 COLLIN AVE. BAL HAROUR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WENGER, IRVING 1150 MELVIN DRIVE HIGHLAND PARK, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/14/08-80065-001 150.00

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: Leon Bankier Leon Bankier 4/22/08 959 491-5305

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