

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

STATEMENT # 684317



Entity Name
REAL ESTATE CHAMPIONS, INC.

Principal Place of Business
4350 DUHME ROAD
MADEIRA BCH., FL 33708

Mailing Address
4350 DUHME ROAD
MADEIRA BCH., FL 33708



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2019967

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CABELLA, RUTH
4350 DUHME RD.
MADEIRA BCH., FL 33708

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

OFFICERS AND DIRECTORS

CABELLA, RUTH
4350 DUHME ROAD
MADEIRA BCH, FL 33708

CABELLA, RUTH
4350 DUHME ROAD
MADEIRA BCH, FL 33708

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IN THIS SPACE**

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04/27/07-80031-011-150.00

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:

Ruth Cabella RUTH CABELLA

4/12/07 (121) 398-2774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #