

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90335 015 \*\*\*150.00

DOCUMENT # J70391

1. Entity Name

CHAMPIONSHIP PROMOTIONS, INC.



Principal Place of Business

6310 2ND ST, STOCK ISLAND  
 KEY WEST FL 33040

Mailing Address

212 KEY HAVEN ROAD  
 KEY WEST FL 33040



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2804274

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARRIDO, JOSEPH M  
 212 KEY HAVEN RD  
 KEY WEST FL 33040

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

*Joseph M Garrido*

Joseph M. Garrido

4-1-06

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GARRIDO, HUMBERTO J	
STREET ADDRESS	818 CAROLINE ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARRIDO, JOSEPH M	
STREET ADDRESS	212 KEY HAVEN ROAD	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	V	<input type="checkbox"/> Delete
NAME	DE CASTRO, GUARIONEX	
STREET ADDRESS	12 SAPPHIRE DRIVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	JOSEPH B. ALLEN	
STREET ADDRESS	4967 SABAL LAKE CIR.	
CITY-ST-ZIP	SARASOTA-FL-34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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:

*Joseph M Garrido*

Joseph M. Garrido 2/15/06 305-293-9435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #