

ANNUAL REPORT

DOCUMENT # N00000001554

1. Entity Name
THE CHAMP FOUNDATION, INC.



FILED
Feb 11, 2004 08:00 AM
Secretary of State

Principal Place of Business
20831 SW 240 ST
MIAMI, FL 33031

Mailing Address
PO BOX 720395
MIAMI, FL 33182



01272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
PEREZ, REINALDO
20831 SW 240 ST
MIAMI, FL 33031

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DS
GREEN, SUE
8700 SW 43 STREET
8700 SW 43 ST, FL 33165

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DV
KNOX, GREGG
3020 SW 16 ST
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
RUIZ, THERESA
3840 SW 102 AVE
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Reinaldo Perez Reinaldo Perez, President 2/9/04 305-442-2500