


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001554	
1. Entity Name THE CHAMP FOUNDATION, INC.	

Principal Place of Business 20831 SW 240 ST MIAMI, FL 33031	Mailing Address PO BOX 720395 MIAMI, FL 33182
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02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1066126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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	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	

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02/22/05-80006-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Reinaldo Perez 2/17/05 305-442-2580

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