

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90020 012 ****61.25

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**

2. Principal Place of Business - No P.O. Box #
P.O. Box 720395

3. Mailing Address
3020 SW 16th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05252007 Chg-NP CR2E037 (12/06)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1066126

Applied For
☐ Not Applicable

Zip
33172-0007

Country
USA

Zip
33145

Country
USA

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**

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

Reinaldo Perez

Reinaldo Perez

7/31/07

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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 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

7/31/07

305-442-2500

Date

Daytime Phone #