


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90035 050 ***150.00

DOCUMENT # P02000116860			
1. Entity Name CHAMPIONSHIP REALTY, INC.			
Principal Place of Business 1402 RENAISSANCE WAY BLDG 1 APT 402 BOYTOB BEACH FL 33462		Mailing Address 1402 RENAISSANCE WAY BLDG 1 APT 402 BOYTOB BEACH FL 33462	
2. Principal Place of Business - No P.O. Box # 6538 CAMARILLO TERR. LANE Suite, Apt. #, etc.		3. Mailing Address 6538 CAMARILLO TERR. LANE Suite, Apt. #, etc.	
City & State Delray Beach, FL. Zip 33446 Country USA		City & State Delray Beach, FL. Zip 33446 Country USA	
6. Name and Address of Current Registered Agent KOGAN, STEVE P 1402 RENAISSANCE WAY BLDG Q APT 402 BOYNTON BEACH FL 33426		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 <u>Steve P. KOGAN</u> Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature is required when reinstating.) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOGAN, STEVEN P 1402 RENAISSANCE WAY BLDG 1 APT 402 BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>STEVEN P. KOGAN</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>President</u> 1/28/08 (561) 8660372 Date Daytime Phone #	