

FILED
Feb 28, 2005 8:00 am
Secretary of State

40023506

DOCUMENT # P03000071466				02-28-2005 90182 045 ***150.00	
1. Entity Name CHAMPION TRANSPORTATION OF AMERICA INC					
Principal Place of Business 3400 LAKESIDE DRIVE #120 MIRAMAR, FL 33027		Mailing Address 3400 LAKESIDE DRIVE #120 MIRAMAR, FL 33027			
2. Principal Place of Business 3949 COMMERCE PKWY Suite, Apt. #, etc.		3. Mailing Address 3949 COMMERCE PKWY Suite, Apt. #, etc.			
City & State MIRAMAR, FL		City & State MIRAMAR, FL		4. FEI Number 20-0059825	
Zip 33025-3936		Zip 33025-3936		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country BROWARD		Country BROWARD			
6. Name and Address of Current Registered Agent WERBA, JACOB 3400 LAKESIDE DRIVE #120 MIRAMAR, FL 33027				7. Name and Address of New Registered Agent WERBA, JACOB 3949 COMMERCE PKWY MIRAMAR, FL 33025-3936	
8. The above named entity submits the 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 JACOB WERBA DATE 2/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 PRES WERBA, JACOB 3400 LAKESIDE DRIVE #120 MIRAMAR, FL 33027			TITLE NAME STREET ADDRESS CITY-ST-ZIP 3949 COMMERCE PKWY MIRAMAR, FL 33025		
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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 JACOB WERBA DATE 2/22/05 (954) 499-1925 <small>Signature, typed or printed name of signing officer or director Date Daytime Phone #</small>					