

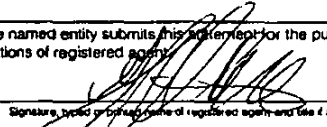
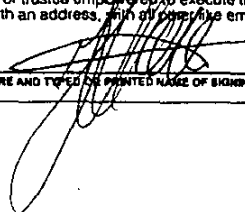


**FILED**  
**Aug 28, 2007 8:00 am**  
**Secretary of State**

08-14-2007 90008 045 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000147184</b> 1. Entity Name <b>CHAMPS DIGITAL SERVICES INC</b>			
Principal Place of Business <b>15841 SW 24 ST MIRAMAR, FL 33027</b>		Mailing Address <b>15841 SW 24 ST MIRAMAR, FL 33027</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		<b>66021518</b> 	
		08092007 No Chg-P CR2E034 (11/05)	
4. FEI Number <b>20-3751257</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARRERO, HIRAM 15841 SW 24 ST MIRAMAR, FL 33027</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
B. 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  <b>Hiram Marrero</b>		DATE <b>8/20/07</b>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD MARRERO, HIRAM 15841 SW 24 ST MIRAMAR, FL 33027	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VPSD NARANJO, ROGER C 8978 NW 156 LN MIAMI LAKES, FL 33018	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and of power of attorney.			
SIGNATURE: 		DATE <b>8/20/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	