


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90037 007 ***150.00

DOCUMENT # P06000073731	
1. Entity Name CHAMPION SEEKERS, INC.	

Principal Place of Business 8260 NW 27TH STREET SUITE 407A DORAL, FL 33122	Mailing Address 8260 NW 27TH STREET SUITE 407A DORAL, FL 33122
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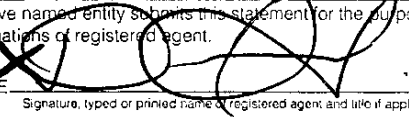
2. Principal Place of Business - No P.O. Box # 5881 NW 151 St Suite, Apt. #, etc. 123 City & State Miami Lakes, FL Zip 33014 Country USA	3. Mailing Address 5881 NW 151 St Suite, Apt. #, etc. 123 City & State Miami Lakes, FL Zip 33014 Country USA
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01112008 Chg-P CR2E034 (12/06)

4. FEI Number 51-0610110	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, DAVID 7879 NW 193RD TERRACE HIALEAH, FL 33015	
7. Name and Address of New Registered Agent Name Rodriguez, David Street Address (P.O. Box Number is Not Acceptable) 5881 NW 151 St Suite 123 City Miami Lakes FL Zip Code 33014	

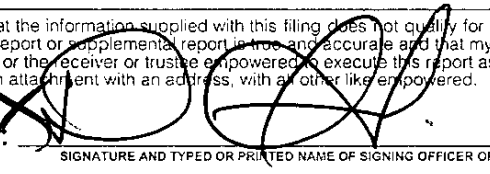
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  David Rodriguez President 1/11/08
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, DAVID 7879 NW 193RD TERRACE HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rodriguez, David 5881 NW 151 St, Suite 123 Miami Lakes, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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, with all other like empowered.

SIGNATURE:  David Rodriguez President 1/11/08 610-3288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #