

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY 10 AM 9:49

DOCUMENT # P95000030839

1. Entity Name  
CHAMPION TRADING INC.



Principal Place of Business

~~3770 N.E. 65 ST.~~  
~~FT. LAUDERDALE, FL 33308~~

Mailing Address

~~2770 N.E. 65 ST.~~  
~~FT. LAUDERDALE, FL 33308~~

REINSTATEMENT



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

5056 N.E. 12th Ave  
Suite, Apt. #, etc.

3. Mailing Address

5056 N.E. 12th Ave  
Suite, Apt. #, etc.

City & State

Oakland Park, Fla

City & State

Oakland Park, Fla

4. FEI Number

65-0516375

Applied For

Not Applicable

Zip

33334

Country

US

Zip

33334

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUFFMAN, CHARLES B

~~2770 N.E. 65 ST.~~  
~~FT. LAUDERDALE, FL 33308~~  
5056 N.E. 12th Ave  
Oakland Park, Fla  
33334

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HUFFMAN, CHARLES B	
STREET ADDRESS	<del>2770 N.E. 65 ST.</del> 5056 N.E. 12th Ave	
CITY-ST-ZIP	<del>FT. LAUDERDALE, FL 33308</del> Oakland Park, Fla	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*[Signature]*

4/20/07

Date

954-942-8680

Daytime Phone #