

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000074184

1. Entity Name
CHAMPION CARGO CORPORATION



Principal Place of Business
**3529 NW 82ND AVE
MIAMI, FL 33122**

Mailing Address
**3529 NW 82ND AVE
MIAMI, FL 33122**

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0946873** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MIESSLER, SANDRA C
3529 NW 82ND AVENUE
MIAMI, FL 33122**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **MIESSLER, ROBERT J JR**
STREET ADDRESS **3529 NW 82ND AVENUE**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **DVST**
NAME **MIESSLER, SANDRA C**
STREET ADDRESS **3529 NW 82ND AVENUE**
CITY-ST-ZIP **MIAMI, FL 33122**

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03/29/04-80020-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Sandra C. Miessler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/04 305-639-2929
Date Daytime Phone #