2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000074184

1. Entity Name

CHAMPION CARGO CORPORATION



FILED Feb 26, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3529 NW 82ND AVE MIAMI, FL 33122 3529 NW 82ND AVE MIAM!, FL 33122



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent - --

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

DO NOT WRITE IN THIS SPACE

, , _				IN	THIS SPACE
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
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 \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIESSLER, ROBERT J JR 3529 NW 82ND AVENUE MIAMI, FL 33122				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DVST MIESSLER, SANDRA C 3529 NW 82ND AVENUE MIAMI, FL 33122				U00000648050 03/06/07-80097-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS		,			

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 AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

IIILE

NAME

STREET ADDRESS

KO2.22.2007 K305.639.0939