

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90040 028 ***150.00

DOCUMENT # V16115

1. Entity Name

CHAMPION CASTING, INC.



Principal Place of Business

18999 BISCAYNE BLVDE
#202
N MIAMI BEACH FL 33180

Mailing Address

18999 BISCAYNE BLVDE
#202
N MIAMI BEACH FL 33180

94026273



MOORE CR2E034 (11/03)

2. Principal Place of Business

3325 Hollywood Blvd.

Suite, Apt. #, etc.

Suite 302

City & State

Hollywood, Florida

Zip

33021

Country

U.S.A

3. Mailing Address

3325 Hollywood Blvd.

Suite, Apt. #, etc.

Suite 302

City & State

Hollywood, Florida

Zip

33021

Country

U.S.A

4. FEI Number

65-0318799

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOPOLOW, GARY M
90 MORNINGSIDE DRIVE
CORAL GABLES FL 33133

7. Name and Address of New Registered Agent

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]

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

(NOTE: Registered Agent signature required when reinstating)

3-3-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME KOPOLOW, GARY M
STREET ADDRESS 90 MORNINGSIDE DR
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Delete

NAME BENCHIMOL, NESSIM
STREET ADDRESS 2940 E BUDD DRIVE
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-04 954-966-4446

Date

Daytime Phone #