

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011725

**Entity Name:** JUEGA COMO CAMPEON, INC.

**Current Principal Place of Business:**

7754 OKEECHOBEE BLVD  
STE 4 PMB 3048  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

7754 OKEECHOBEE BLVD  
STE 4 PMB 3048  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 83-2516699

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRAVERS, CHRIS  
7754 OKEECHOBEE BLVD  
STE 4 PMB 3048  
WEST PALM BEACH, FL 33411 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name TRAVERS, CHRIS  
Address 7754 OKEECHOBEE BLVD  
STE 4 PMB 3048  
City-State-Zip: WEST PALM BEACH FL 33411

Title SD  
Name KENNEDY, KEVIN  
Address 1450 PRESTON TRL  
City-State-Zip: CARMEL IN 46032

Title TD  
Name ECK, TOM  
Address 707 E BRIARWOOD PLACE  
City-State-Zip: WHITEFISH BAY WI 53217

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER TRAVERS

**EXECUTIVE DIRECTOR**

**01/31/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date