

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000245

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: CHALLENGE NA, INC.

**Current Principal Place of Business:**

590 COLUMBUS AVENUE  
THORNWOOD, NY 10594

**New Principal Place of Business:**

**Current Mailing Address:**

590 COLUMBUS AVENUE  
THORNWOOD, NY 10594

**New Mailing Address:**

FEI Number: 06-1500537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOREAU, PAUL  
Address: 2595 SPALDING DR  
City-St-Zip: ATLANTA, GA 30350

Title: VD ( ) Delete  
Name: TREVINO, MONICA  
Address: 60 AUSTIN AVENUE  
City-St-Zip: GREENVILLE, RI 02828

Title: STD ( ) Delete  
Name: ORTEGA, JOSE FELIX  
Address: 582 COLUMBUS AVENUE  
City-St-Zip: THORNWOOD, NY 10594

Title: D ( ) Delete  
Name: DIAZ-TORRE, EMILIO  
Address: 1585 LAZY RIVER LANE  
City-St-Zip: DUNWOODY, GA 30350

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DIAZ-TORRE, EMILIO  
Address: 1585 LAZY RIVER LANE  
City-St-Zip: SANDY SPRINGS, GA 30350

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: ORTEGA, JOSE F  
Address: 582 COLUMBUS AVENUE  
City-St-Zip: THORNWOOD, NY 10594

Title: D (X) Change ( ) Addition  
Name: CHAVEZ, GINA  
Address: 60 AUSTIN AVENUE  
City-St-Zip: GREENVILLE, RI 02828

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE FELIX ORTEGA

STD

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date