

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-13-2005 90019 038 ***150.00
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DOCUMENT # P01000010644

1. Entity Name
FITNESS CHALLENGE, INC.



FILED
Aug 08, 2005 8:00 A.M.
Secretary of State

Principal Place of Business
2354 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33305

Mailing Address
2354 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33305



07082005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-1083529
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLARDO, ANNETTE
2354 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33305

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GALLARDO, ANNETTE
STREET ADDRESS	2354 N. FEDERAL HWY.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Annette Gallardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/05 954-270-0610
Date Daytime Phone #

292

ATTACHMENT

14018863

7/7/05.

PO1000010644

To whom it may concern:

I never got a notice, I only got the
Notice of Intent to Dissolve.

Thanks.

Annette GALLARDO

954-270-0610.