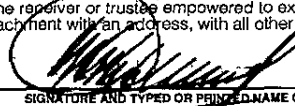


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000071706 1. Entity Name CHALLENGE CONSULTING GROUP, INC.			
Principal Place of Business 407 LINCOLN ROAD SUITE 12 S MIAMI BEACH, FL 33140		Mailing Address 407 LINCOLN ROAD SUITE 12 S MIAMI BEACH, FL 33140	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 03-0469893	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE VARONELLI, HAYDEE D 407 LINCOLN ROAD SUITE 12 S MIAMI BEACH, FL 33140		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 resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	DO NOT WRITE IN THIS SPACE	
NAME	VERONELLI, MARIA D		
STREET ADDRESS	407 LINCOLN ROAD		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
TITLE	VD		
NAME	DE VERONELLI, HAYDEE D		
STREET ADDRESS	407 LINCOLN ROAD	U00000133975 04/28/04-80001-005 150.00	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		04/24/2004 305-674-9994	
CITY-ST-ZIP			
TITLE			
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)(f), 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 life empowered.			
SIGNATURE: 		Date: 04/24/2004 Daytime Phone #: 305-674-9994	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			