


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90018 034 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P02000071706</b>                            |  |
| 1. Entity Name<br><b>CHALLENGE CONSULTING GROUP, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>407 LINCOLN ROAD<br/>SUITE 12 S<br/>MIAMI BEACH, FL 33140</b> | Mailing Address<br><b>407 LINCOLN ROAD<br/>SUITE 12 S<br/>MIAMI BEACH, FL 33140</b> |
|---|---|

**50032916**

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>407 LINCOLN ROAD</b> | 3. Mailing Address<br><b>407 LINCOLN ROAD</b> |
| Suite, Apt. #, etc.<br><b>8H</b>                          | Suite, Apt. #, etc.<br><b>SUITE 8H</b>        |
| City & State<br><b>MIAMI BEACH</b>                        | City & State<br><b>MIAMI BEACH</b>            |
| Zip<br><b>FL</b>  | Country<br><b>33139</b>                       |

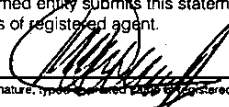


03212005 Chg-P CR2E034 (10/03)

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| 4. FEI Number<br><b>03-0469893</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>DE VARONELLI, HAYDEE D<br/>407 LINCOLN ROAD<br/>SUITE 12 S<br/>MIAMI BEACH, FL 33140</b> | 7. Name and Address of New Registered Agent<br>Name<br><b>DI BELLO HAYDEE J. A</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>407 LINCOLN ROAD - SUITE 8H</b><br>City<br><b>MIAMI BEACH</b> FL Zip Code<br><b>33139</b> |
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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.

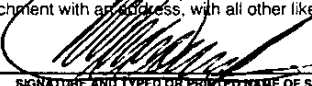
SIGNATURE:  DATE: **04/01/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>VERONELLI, MARIA D<br>407 LINCOLN ROAD<br>MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>VERONELLI, MARIA DE LOSA. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>407 LINCOLN ROAD SUITE 8H<br>MIAMI BEACH, FL, 33139 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DE VARONELLI, HAYDEE D<br>407 LINCOLN ROAD<br>MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>DI BELLO HAYDEE J. A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>407 LINCOLN ROAD SUITE 8H<br>MIAMI BEACH, FL, 33139     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:  DATE: **04/01/05** 786 267 1626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR