




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90199 008 ***150.00

DOCUMENT # P03000004656 1. Entity Name REAL ESTATE CHALLENGES, INC.					
Principal Place of Business 8954 S.W. 52 STREET COOPER CITY, FL 33328			Mailing Address 8954 S.W. 52 STREET COOPER CITY, FL 33328		
2. Principal Place of Business 14930 N.W. 10 Place Suite, Apt. #, etc.		3. Mailing Address P. O. Box 600932 Suite, Apt. #, etc.			
City & State Miami, Fl. Zip 33168		City & State North Miami Beach, Fl. Zip 33160		4. FEI Number 54-2108390 Applied For <input type="checkbox"/> Not Applicable	
Country Dade		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCULTHORPE, DONNA M 8954 S.W. 52 STREET COOPER CITY, FL 33328			7. Name and Address of New Registered Agent Name Richard McGee Street Address (P.O. Box Number is Not Acceptable) 14930 N. W. 10 Place City Miami <div style="float: right;"> State FL Zip Code 33168 </div>		
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> DATE: 4/26/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SCULTHORPE, DONNA M STREET ADDRESS 8954 S.W. 52 STREET CITY-ST-ZIP COOPER CITY, FL 33328	<input type="checkbox"/> Delete		TITLE P NAME McGee, Richard STREET ADDRESS 14930 N.W. 10 Place CITY-ST-ZIP Miami, FL 33168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 4/26/04 (305) 796-2747 <small>Daytime Phone #</small>		