

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126935

FILED
Jan 09, 2009
Secretary of State

Entity Name: CONCEPT & CHALLENGE USA INC

Current Principal Place of Business:

912 NE 2 STREET
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2332
HALLANDALE, FL 33008 US

New Mailing Address:

FEI Number: 20-3563169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTA, CLAUDE A
912 NE 2 ST
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

ROTA, CLAUDE-ANGE
912 NE 2 ST
HALLANDALE, FL 33009 US

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: ROTA CLAUDE-ANGE

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: SERRES, MONIQUE
Address: PO BOX 2332
City-St-Zip: HALLANDALE, FL 33008

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: ROTA, CLAUDE-ANGE
Address: PO BOX 2332
City-St-Zip: HALLANDALE, FL 33008

Title: T () Change (X) Addition
Name: SERRES, MONIQUE
Address: PO BOX 2332
City-St-Zip: HALLANDALE, FL 33008

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROTA CLAUDE-ANGE

PV

01/09/2009

Electronic Signature of Signing Officer or Director

Date