2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000082331

1. Entity Name
CHALLENGE INVESTMENTS INC.

Principal Place of Business	Mailing Address
928 SW 19 STREET FT LAUDERDALE, FL 33315	928 SW 19 STREET FT LAUDERDALE, FL 33315

DO NOT WRITE IN THIS SPACE

02112004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0530448	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETRY, BRIDGET
928 SW 19 STREET
FT LAUDERDALE, FL 33315

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	PETRY, BRIDGET	
STREET ADDRESS	928 SW 19 STREET	
CITY - ST - ZIP	FT LAUDERDALE, FL 33315	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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CITY - ST - ZIP		

U00000053300
02/16/04-80125-021   150.00

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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: _Bridget Petry_. (BRIDGET PETRY)   2 -14-04   954-524-8406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #