

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J75143

FILED  
Mar 23, 2012  
Secretary of State

Entity Name: OCEANSIDE RESORTS INC.

**Current Principal Place of Business:**

605 LINCOLN RD. SUITE 320  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

605 LINCOLN RD. SUITE 320  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 59-2917016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALLEN, CLAIRE  
605 LINCOLN ROAD, #320  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CALLEN, ROBINSON  
Address: 5225 COLLINS AVENUE, #621  
City-St-Zip: MIAMI BEACH, FL 33140

Title: DPST  
Name: CALLEN, CLAIRE  
Address: 605 LINCOLN RD #320  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DAS  
Name: CALLEN, DORIAN  
Address: 605 LINCOLN RD #320  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP/S  
Name: NASH, RICHARD A  
Address: 605 LINCOLN RD #320  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SECR  
Name: PINTO, YLIANA  
Address: 605 LINCOLN RD #320  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: CLAIRES CALLEN

DPST

03/23/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date