

FILED
Sep 12, 2005 8:00 am
Secretary of State


09-12-2005 90004 003 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

50066498



06292005 Chg-P CR2E034 (10/03)

DOCUMENT # S80368			
1. Entity Name OCEANFRONT RESORTS, INC.			
Principal Place of Business 5701 COLLINS AVE. PH 14 MIAMI BEACH, FL 33140		Mailing Address 5701 COLLINS AVE. PH 14 MIAMI BEACH, FL 33140	
2. Principal Place of Business 316 VIRGINIA STREET Suite, Apt. #, etc.		3. Mailing Address 316 VIRGINIA STREET Suite, Apt. #, etc.	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33019	Country US	Zip 33019	Country US
4. FEI Number 65-0237280		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FALIN, JAMES 5701 COLLONS AVE PH 14 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name: FALIN, JAMES Street Address (P.O. Box Number is Not Acceptable) 316 VIRGINIA STREET City: HOLLYWOOD FL Zip Code: 33019	
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: <i>J Falin</i> PRES JAMES FALIN DATE: 9/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALIN, JAMES 5701 COLLINS AVE #1715 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALIN, JAMES 316 VIRGINIA STREET HOLLYWOOD FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOFFMAN, MARIA 5701 COLLINS AVE #1715 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOFFMAN, MARIA 316 VIRGINIA STREET HOLLYWOOD FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>J Falin</i> PRES. FALIN, JAMES DATE: 9/1/05 Phone #: 305 429 8899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			