

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J75143

**Entity Name:** OCEANSIDE RESORTS INC.

**Current Principal Place of Business:**

605 LINCOLN RD. SUITE 320  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

605 LINCOLN RD. SUITE 320  
MIAMI BEACH, FL 33139 US

**FEI Number:** 59-2917016

**Certificate of Status Desired:** No

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

CALLEN, CLAIRE  
605 LINCOLN ROAD, #320  
MIAMI BEACH, FL 33139 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name CALLEN, CLAIRE  
Address 605 LINCOLN RD #320  
City-State-Zip: MIAMI BEACH FL 33139

Title VP, SECRETARY  
Name WHALEN, CHANTAL  
Address 605 LINCOLN RD #320  
City-State-Zip: MIAMI BEACH FL 33139

Title COMPTROLLER, TREASURER  
Name PINTO, YLIANA  
Address 605 LINCOLN RD #320  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name CALLEN, LANA  
Address 605 LINCOLN RD #320  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name MOONEY, JAMES K JR.  
Address 605 LINCOLN RD. SUITE 320  
City-State-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:** CLAIRE CALLEN

**PRESIDENT**

**01/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date