


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90019 045 ***150.00

DOCUMENT # M66362
 1. Entity Name
VIRGINIA BEACH RESORT, INC.




Principal Place of Business Mailing Address
777 NW 72 AVE **777 NW 72 AVE**
SUITE 2J2 **SUITE 2J2**
MIAMI FL 33126 **MIAMI FL 33126**
US **US**

2. Principal Place of Business 3. Mailing Address
35 NE 38th Street **35 NE 38th Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL **MIAMI FL**

Zip Country Zip Country
33137 USA **33137 US**

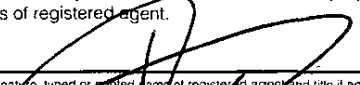

 MOORE CR2E034 (11/03)
 4. FEI Number **65-0023837** Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCEMLA, CLAUDE
105 OCEAN BLVD
GOLDEN BEACH FL 33160

Name **SCEMLA, MURIEL**
 Street Address (P.O. Box Number is Not Acceptable)
105 OCEAN BLVD
 City **Golden Beach,** FL Zip Code **33160**

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  **SCEMLA, MURIEL** DATE **03/29/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCEMLA, CLAUDE	
STREET ADDRESS	105 OCEAN BLVD.	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCEMLA, MURIEL	
STREET ADDRESS	105 OCEAN BLVD	
CITY-ST-ZIP	Golden Beach FL 33160	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCEMLA, SEBASTIEN	
STREET ADDRESS	322 S. PARKWAY	
CITY-ST-ZIP	Golden Beach FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Muriel Scemla** DATE **03/29/04** (305) 576-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #