


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
35 NE 38TH STREET **35 NE 38TH STREET**
MIAMI, FL 33137 US **MIAMI, FL 33137 US**

DO NOT WRITE IN THIS SPACE



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0023837 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SCEMLA, MURIEL
105 OCEAN BLVD
GOLDEN BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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, 2005 Fee will be \$350.00

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

U00000239211
 02/22/05-80033-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCEMLA, MURIEL 105 OCEAN BLVD. GOLDEN BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCEMLA, ROXANE 92 TERRACINA AVE. GOLDEN BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(f), 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: _____ **02/17/05** **(305) 576-4470**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #