

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M66362

Entity Name  
 VIRGINIA BEACH RESORT, INC.



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

Mailing Address  
 35 NE 38TH STREET  
 MIAMI, FL 33137 US



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI 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**

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

000000398493  
 01/30/06-80097-005 150.00

**OFFICERS AND DIRECTORS**

P	SCEMLA, MURIEL 105 OCEAN BLVD. GOLDEN BEACH, FL 33160
V	SCEMLA, ROXANE 92 TERRACINA AVE. GOLDEN BEACH, FL 33160

**DO NOT WRITE IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Muriel Scemla 01/16/06 (305) 576-4470

Date

Day-Month-Year