2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)				FILED
DOCUMENT # P01000080027 1. Entity Name				Feb 24, 2005 08:00 AM Secretary of State
SHELDON BEACH RESORT, INC.				Secretary of State
Principal Place of Business Mailing Address				
215 SW 125TH AVE PLANTATION FL 33325		215 SW 125TH AVE PLANTATION FL 333	25	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 59-1850040 Applied For Not Applicable
Zıp	Country	Zp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
DAHSHEH, WAEL			→ Name	
215 SW 125TH AVE PLANTATION FL 33325			Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
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				
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 m After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to F Make Check Payable to Florida Department of State Added to F				
10,	OFFICERS AND	·····	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD KAHOOK, NOFAL 900 N. OCEAN DRIVE HOLLYWOOD FL 33019	Delete	HILE NAME STREEFADDRESS CITY-ST-ZIP	000000241741 □ ^{Change} □ Addition 02/24/05-80056-010 158.75
TITLE	VD	Delete	υηr	Change 🗌 Addition
NAME STREET ADDRESS	DAHSHEH, WAEL 1681 NW 100TH WAY		NAME STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33322	:	CITY-ST-ZIP	
title Name		Delete	titi f NAME	🗌 Change 🔲 Addition
STREET ADDRESS City - St - Zip			STREET ADDRESS CITY-ST-ZIP	
Tetle NAME		🗌 Delete	TITLE NAME	🗋 Change 🔲 Addition
STREET ADDRESS			STREET ADDRESS	
CITY, ST ZIP		Delete		🗍 Change 📋 Addition
NAME			NAME	
STREET ADDRESS CITY - ST - ZIP			CITEFT ADDRESS	
TITLE		Delete	Inte	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADORESS CUV, EL ZIR	
12. Thereby c	certify that the information supplied with	this filing does not qualify for	the exemption stated in Se	ection 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 cath; 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 DATE OF SIGNING OFFICER OR DIRECTOR				

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