

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000011817

**Entity Name:** SHELDON WRESTLING ACADEMY TRAINING, INC.

**FILED**  
**Mar 02, 2022**  
**Secretary of State**  
**1464399069CC**

**Current Principal Place of Business:**

1065 SW 15TH AVE  
BUILDING C SUITE 1  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

356 WINTERS ST. WEST  
PALM BEACH, FL 33405

**FEI Number: 84-3438749**

**Certificate of Status Desired: No**

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

SHELDON, SHAWN  
356 WINTERS ST. WEST  
PALM BEACH, FL 33405 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            COO  
Name            SHELDON, SHAWN  
Address        356 WINTERS ST. WEST  
City-State-Zip: PALM BEACH FL 33405  
  
Title            VP  
Name            DESOLA, NICK  
Address        8663 HAWKWOOD BAY DR.  
City-State-Zip: BOYNTON BEACH FL 33473

Title            P  
Name            TALSHAHAR, ROTTEM  
Address        16205 ROSECROFT TER.  
City-State-Zip: DELRAY BEACH FL 33446  
  
Title            TS  
Name            KARMELIN, STEVEN  
Address        552 OKEECHOBEE BLVD.  
City-State-Zip: WEST PALM BEACH FL 33401

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SHAWN SHELDON**

**COO**

**03/02/2022**

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

\_\_\_\_\_  
Date