

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000003438

1. Entity Name
E - STUDIO89 INC.



Principal Place of Business
2225 NURSERY RD
APT. 26-203
CLEARWATER, FL 33764

Mailing Address
2225 NURSERY RD
APT. 26-203
CLEARWATER, FL 33764

2. Principal Place of Business

25350 US 19 NORTH
Suite, Apt. #, etc.
49

3. Mailing Address

25350 US 19 NORTH
Suite, Apt. #, etc.
48

City & State
CLEARWATER

City & State
CLEARWATER

Zip 33763 Country FL

Zip 33763 Country

6. Name and Address of Current Registered Agent

ADAM, VITEZSLAV
2225 NURSERY RD
APT. 26-203
CLEARWATER, FL 33764

Name VITEZSLAV, ADAM

Street Address (P.O. Box Number is Not Acceptable)
25350 US 19 NORTH #49

City CLEARWATER FL Zip Code 33763

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

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

(NOTE: Registered Agent signature required when reinstating)

02/08/2005

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME ADAM, VITEZSLAV
STREET ADDRESS 2225 NURSERY RD, APT 26-203
CITY-ST-ZIP CLEARWATER, FL 33764

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Change Addition
NAME ADAM, VITEZSLAV
STREET ADDRESS 25350 US 19th NORTH #49
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE VP Delete
NAME HASTIK, MARTIN
STREET ADDRESS 2225 NURSERY RD, APT. 26-203
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE VP Change Addition
NAME HASTIK, MARTIN
STREET ADDRESS 25350 US 19th North #49
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE Delete
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:

MARTIN HASTIK
V. PRES.

2/08/05 (727) 415-8577

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Feb 14, 2005 8:00 am
Secretary of State**

02-14-2005 90047 020 ***150.00