


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-14-2005 90047 020 ***150.00

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 18 NORTH 1 Suite, Apt. #, etc. 49		3. Mailing Address 25350 US 18 NORTH Suite, Apt. #, etc. 49			
City & State CLEARWATER Zip 33763		City & State CLEARWATER Zip 33763		4. FEI Number 20-0566070 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ADAM, VITEZSLAV 2225 NURSERY RD APT. 26-203 CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name VITEZSLAV, ADAM Street Address (P.O. Box Number is Not Acceptable) 25350 US 18 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: <u><i>[Signature]</i></u> DATE: <u>02/08/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAM, VITEZSLAV 2225 NURSERY RD, APT 26-203 CLEARWATER, FL 33764 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAM, VITEZSLAV 25350 US 18th NORTH #49 CLEARWATER FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HASTIK, MARTIN 2225 NURSERY RD, APT. 26-203 CLEARWATER, FL-33764 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HASTIK, MARTIN 25350 US 18th NORTH #49 CLEARWATER FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			MARTIN HASTIK V. PRES. Date: <u>2/08/05</u> (727) 415-85-77		