

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90074 036 ***150.00

DOCUMENT # P04000003438

1. Entity Name
E - STUDIO89 INC.



Principal Place of Business
25350 US HWY 19 NORTH
SUITE 49
CLEARWATER, FL 33763

Mailing Address
25350 US HWY 19 NORTH
SUITE 49
CLEARWATER, FL 33763

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

307 PENNSYLVANIA AVE SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33755

Country

FLORIDA

Zip

CLEARWATER FL

01072007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-0566070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAM, VITEZSLAV
25350 US HWY 19 NORTH
SUITE 49
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent

Name

ADAM VITEZSLAV

Street Address (P.O. Box Number is Not Acceptable)

307 PENNSYLVANIA AVE

City

CLEARWATER

FL

Zip Code

33755

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

Adam Vitezslav

ADAM VITEZSLAV - REGISTR. AGENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME ADAM, VITEZSLAV ☐ Delete
STREET ADDRESS 25350 US HWY 19 NORTH SUITE 49
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE VP
NAME HASTIK, MARTIN ☐ Delete
STREET ADDRESS 25350 US HWY 19 NORTH SUITE 49
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 307 PENNSYLVANIA AVE
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 307 PENNSYLVANIA AVE
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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:

Adam Vitezslav

ADAM VITEZSLAV / PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #