


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90039 006 ***150.00

DOCUMENT # P04000134913

1. Entity Name
89 SEACREST, INC.



Principal Place of Business Mailing Address

2200 HOLLYWOOD BLVD **2200 HOLLYWOOD BLVD**
C/O CHAIM GIDALI **C/O CHAIM GIDALI**
HOLLYWOOD, FL 33020 US **HOLLYWOOD, FL 33020 US**

40061311



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

17395 NORTH BAY RD. **17395 NORTH BAY ROAD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
108 **# 108**

02012008 Chg-P CR2E034 (12/06)

City & State City & State

SUNNY ISLES BEACH, FL **SUNNY ISLES BEACH, FL**
 Zip Country Zip Country
33160 **US** **33160** **US**

4. FEI Number Applied For

20-1948754 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASSERSTROM, KEITH
1909 TYLER STREET
PENTHOUSE
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name _____
 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 **KEITH WASSERSTROM** DATE **2-4-08**
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	LEYBOVICH, LAZAR	317 AVENUE O	BROOKLYN, NY 11230	<input type="checkbox"/>
VP	SAVITSKY, BORIS	20 JOSEPH COURT	MONMOUTH JUNCTION, NJ 08852	<input type="checkbox"/>
T	ARONOV, IGOR	5 PARK VIEW PLACE	FAIRLAWN, NJ 07610	<input type="checkbox"/>
S	ARONOV, YAN	3325 HIGH STREET	FAIRLAWN, NJ 07610	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **LAZAR LEYBOVICH** DATE **2-4-08**
Signature and typed or printed name of signing officer or director Date Daytime Phone #