

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003329

Entity Name: 189 WEST DIXIE, INC.

FILED
Jan 25, 2008
Secretary of State

Current Principal Place of Business:

18747-18901 W. DIXIE HWY.
N. MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

15499 W. DIXIE HWY.
N. MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0464433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IZAAK, PETER
15499 W. DIXIE HWY.
N. MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LIEBERMAN, ALAN
Address: 2800 ISLAND BLVD. UNIT 2801
City-St-Zip: WILLIAMS ISLAND, FL 33160

Title: D () Delete
Name: IZAAK, PETER
Address: 15499 W. DIXIE HWY.
City-St-Zip: N. MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: IZAAK, PETER
Address: 15499 W. DIXIE HWY.
City-St-Zip: N. MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER IZAAK

P

01/25/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date