


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F14483 1. Entity Name EVEREST POLO STABLES, INC.	
--	---

Principal Place of Business %MICHELE LE MARCHANT 19 E. 64TH STREET NEW YORK, NY	Mailing Address C/O MICHELLE LE MARCHANT 19 E. 64TH ST. NEW YORK, NY
--	---



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3053800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILDENSTEIN, GUY 19 E 64TH ST NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LE MARCHANT, MICHELLE 19 E 64TH ST NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILDENSTEIN, KRISTINA 19 E 64TH ST NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, RICHARD K 555 MADISON AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GODTS, CLAUDINE 19 EAST 64 ST NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARTIN, MARTINE 19 E. 64 STREET NEW YORK, NY

000000210503
02/02/05-80084-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CLAUDINE GODTS 1/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #