

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90041 005 ***150.00

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**

60013322



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006

Chg-P

CR2E034 (11/05)

4. FEI Number

13-3053800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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

[Signature]
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **WILDENSTEIN, GUY**
STREET ADDRESS **19 E 64TH ST**
CITY-ST-ZIP **NEW YORK, NY**

TITLE **AS** ☐ Delete
NAME **LE MARCHANT, MICHELLE**
STREET ADDRESS **19 E 64TH ST**
CITY-ST-ZIP **NEW YORK, NY**

TITLE **DS** ☐ Delete
NAME **WILDENSTEIN, KRISTINA**
STREET ADDRESS **19 E 64TH ST**
CITY-ST-ZIP **NEW YORK, NY**

TITLE **D** ☐ Delete
NAME **BERNSTEIN, RICHARD K**
STREET ADDRESS **555 MADISON AVE**
CITY-ST-ZIP **NEW YORK, NY**

TITLE **AS** ☐ Delete
NAME **GODTS, CLAUDINE**
STREET ADDRESS **19 EAST 64 ST**
CITY-ST-ZIP **NEW YORK, NY**

TITLE **AS** ☐ Delete
NAME **MARTIN, MARTINE**
STREET ADDRESS **19 E. 64 STREET**
CITY-ST-ZIP **NEW YORK, NY**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 **509 MADISON AVE**
CITY-ST-ZIP **NEW YORK, NY**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #