FILED
Mar 24, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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

U00000069018
04/09/08-80032-004 150.00

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	DP
NAME	WILDENSTEIN, GUY
STREET ADDRESS	19 E 64TH ST
CITY-ST-ZIP	NEW YORK, NY
TITLE	AS
NAME	LE MARCHANT, MICHELLE
STREET ADDRESS	19 E 64TH ST
CITY-ST-ZIP	NEW YORK, NY
TITLE	DS
NAME	WILDENSTEIN, KRISTINA
STREET ADDRESS	19 E 64TH ST
CITY-ST-ZIP	NEW YORK, NY
TITLE	D
NAME	BERNSTEIN, RICHARD K
STREET ADDRESS	509 MADISON AVE
CITY-ST-ZIP	NEW YORK, NY
TITLE	AS
NAME	GODTS, CLAUDINE
STREET ADDRESS	19 EAST 64 ST
CITY-ST-ZIP	NEW YORK, NY
TITLE	AS
NAME	MARTIN, MARTINE
STREET ADDRESS	19 E. 64 STREET
CITY-ST-ZIP	NEW YORK, NY

DO NOT WRITE IN THIS SPACE

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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08
Date

Daytime Phone #