2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# F14483

Entity Name: EVEREST POLO STABLES, INC.

Current Principal Place of Business:

%MICHELE LE MARCHANT
19 E. 64TH STREET
NEW YORK, NY

New Principal Place of Business:

%ANTHONY SALESI
19 E. 64TH STREET
NEW YORK, NY

Current Mailing Address:

C/O MICHELLE LE MARCHANT
19 E. 64TH ST.
NEW YORK, NY

New Mailing Address:

C/O ANTHONY SALESI
19 E. 64TH ST.
NEW YORK, NY

FEI Number: 13-3053800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: DP ( ) Delete
Name: WILDENSTEIN, GUY,
Address: 19 E 64TH ST
City-St-Zip: NEW YORK, NY

Title: AS ( ) Delete
Name: LE MARCHANT, MICHELL, E
Address: 19 E 64TH ST
City-St-Zip: NEW YORK, NY

Title: DS ( ) Delete
Name: WILDENSTEIN, KRISTIN, A
Address: 19 E 64TH ST
City-St-Zip: NEW YORK, NY

Title: D ( ) Delete
Name: BERNSTEIN, RICHARD K
Address: 509 MADISON AVE
City-St-Zip: NEW YORK, NY

Title: AS ( ) Delete
Name: GODTS, CLAUDINE
Address: 19 EAST 64 ST
City-St-Zip: NEW YORK, NY

Title: AS ( ) Delete
Name: MARTIN, MARTINE
Address: 19 E. 64 STREET
City-St-Zip: NEW YORK, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: CLAUDINE GODTS AS 02/12/2009

Electronic Signature of Signing Officer or Director — Date