2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 18, 2008
Secretary of State

DOCUMENT# F99000001373

Entity Name: EVEREST CAPITAL INC.

Current Principal Place of Business:

2601 S BAYSHORE DR
STE 1700
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2601 S BAYSHORE DR
STE 1700
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0838407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEVEN, BRAIL
EVEREST CAPITAL INC
2601 S BAYSHORE DR STE 1700
MIAMI, FL 33133 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

OFFICERS AND DIRECTORS:

Title: SMD ( ) Delete
Name: MISTELE, TIMOTHY
Address: 2601 S BAYSHORE DR STE 1700
City-St-Zip: MIAMI, FL 33133

Title: P ( ) Delete
Name: DIMITRIJEVIC, MARKO
Address: 2601 S BAYSHORE DR STE 1700
City-St-Zip: MIAMI, FL 33133

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SMD ( ) Change (X) Addition
Name: ALLRAUM, THOMAS
Address: 2601 S BAYSHORE DR. #1700
City-St-Zip: MIAMI, FL 33133

Title: ND ( ) Change (X) Addition
Name: LABOY, LUIS
Address: 2601 S BAYSHORE DR #1700
City-St-Zip: MIAMI, FL 33133

Title: SMD ( ) Change (X) Addition
Name: MALLOY, JOHN
Address: 2601 S. BAYHSORE DR. #1700
City-St-Zip: MIAMI, FL 33133

Title: ME ( ) Change (X) Addition
Name: PINO, ROB
Address: 2601 S. BAYSHORE DR #1700
City-St-Zip: MIAMI, FL 33133

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: TIMOTHY MISTELE SMD 11/18/2008

Electronic Signature of Signing Officer or Director — Date