

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000001239**

1. Entity Name  
**THE TIBETAN INSTITUTE & LIBRARY, INC.**



Principal Place of Business  
**1940 N.E. 159TH STREET  
N MIAMI BEACH, FL 33162**

Mailing Address  
**1940 N.E. 159TH STREET  
N MIAMI BEACH, FL 33162**



02212007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**68-0575213**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**THUPTEN, T.C.  
1940 N.E. 159TH STREET  
N MIAMI BEACH, FL 33162**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THUPTEN, T.C.  
1940 N.E. 159TH STREET  
N MIAMI BEACH, FL 33162**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RIEGER, ALLEGRA M  
5630 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHESROW, GEORGE W  
1230 SOUTH ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SARASUA, SILVIA  
3980 SW 2ND TERR  
MIAMI, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KUMAR, SAMEET  
1414 EL RADO ST  
CORAL GABLES, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000698477  
04/19/07-80004-007 61.25

**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 617, 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:

*Thupten C. Thupten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-9472896**  
**APR. 5, 07.**