

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167514

FILED  
Mar 02, 2007  
Secretary of State

Entity Name: INSTITUTO DE ENTRAMIENTO EVEREST, INC.

## Current Principal Place of Business:

8405 NORTH HIMES SUITE 209B  
TAMPA, FL 33614

## New Principal Place of Business:

## Current Mailing Address:

8405 NORTH HIMES SUITE 209B  
TAMPA, FL 33614

## New Mailing Address:

FEI Number: 20-4369136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: DS ( ) Delete  
Name: RIVERA, DOE  
Address: 8405 NORTH HIMES SUITE 209B  
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete  
Name: CHACON, VANESSA  
Address: 8405 NORTH HIMES SUITE 209B  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DOE RIVERA

DS

03/02/2007

Electronic Signature of Signing Officer or Director

Date