


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P12775</b> 1. Entity Name DARIO SALAS INSTITUTE FOR HERMETIC SCIENCE, INC.	
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Principal Place of Business 411 EAST 83RD STREET 4C CITY OF NEW YORK, NY 10028	Mailing Address PO BOX 8549 F.D.R. STATION NEW YORK, NY 10150
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DO NOT WRITE IN THIS SPACE



07312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-3203975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DELCORTO, LUIS E 6405 NW 36 ST STE 105 MIAMI, FL 33166	DO NOT WRITE IN THIS SPACE
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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) DATE

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOMMER, DARIO S 411 E 83RD STREET NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PERAL, MARIA T 411 E 83RD STREET NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROJAS, HARMIN 126-18 25TH ROAD FLUSHING, NY 11354
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/03/07-80002-024 61.25

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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:**  **8-1-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #