


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P12775 1. Entity Name DARIO SALAS INSTITUTE FOR HERMETIC SCIENCE, INC.		
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	



04212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3203975	Applied For <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

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	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
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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05/14/08-80041-016 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-08 305-871-6363