2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F10640

1. Entity Name
OPERA CORPORATION



Principal Place of Business

2140 W FLAGLER STREET SUITE 109 MIAMI, FL 33135-1662 US Mailing Address

ENRIQUE LORENZO CPA 13032 SW 5TH STREET MIAMI, FL 33184-1216 US

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90388 027 ***150.00

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DO NOT WRITE IN THIS SPACE

04102006 No Chg-P

P CR2E034 (11/05)

4. FEI Number Applied For S9-2068336 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENIGNO, NIETO S. 11867 SW 93RD TERR MIAMI, FL 33185

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						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finance				\$5.00 May Be		
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NIETO, BENIGNO'S 11867 SW 93RD TERR MIAMI, FL 331862170		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NIETO, CARIDAD N DE 11867 SW 93RD TERR MIAMI, FL 331862170					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NIETO, SERGIO 11867 SW 93RD TERR MIAMI, FL 331862170					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NIETO, NEISY 11867 SW 93RD TERR MIAMI, FL 331862170					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby 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 607, Florida Statutes; and that my name appears in Black 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

410/06 54

541- 2715

Daytime Phone #