## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 22, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N01505 PATRONESSES OF THE O	PERA, INC.			0	12-22-2007 90	0004 01	. 4 ****6.	1.25
Principal Plac 1200 CORAL MIAMI, FL 3		Mailing Address P.O. BOX 347616 20 MIRACLE MILE MIAMI, FL 33234 US	5		400~		1811 81811 B185		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02182007 <sub>C</sub>	hg-NP	CR2E03	7 (12/06)	
City & State		City & State	City & State		4. FEI Number 59-237690	06		<del>`</del>	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of St	tatus Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Add	tress of New Rec	gistered A	gent	
DEUPI, CA	ARLOS J		Name						_
C/O AKER ONE SE T	MAN, SENTERFITT & EIDSOI HIRD AVE, 27TH FL	N, P.A.	Street /		P.O. Box Number is	Not Acceptable)			_
MIAMI, FL	33131		City				FL	Zip Cod	le .
8. The above	named entity submits this statement fo	r the ournose of changing its re	egistered office o	r register	ed agent or both in	the State of Florin		amiliar with	and accept
	ions of registered agent.	parpassa anangmy na m	ogiata oa omoo o	······	oo ogo.k, o. ook., x,	THE CHARGE OF FROM	<b>54</b> . 14(11)	arana wa	and accept
SIGNATURE .	· - · · · · · · · · · · · · · · · · · ·								
		and sale if and leading the MOTE is	December of Secretary				2475		
	Signature, typed or printed name of registered agent		Registered Agent signat	ture required	when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Finan <b>c</b> ing	ture required	\$5.00 May Be Added to Fees		ke check	payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Finan <b>c</b> ing		\$5.00 May Be Added to Fees	Florid	ke check a Depart	ment of S	tate 
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STREET ADDRESS 12095 SW 62 AVE CITY-ST-ZIP PLYCOCCUSY FL 33154 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:** 

STREET ADDRESS 7272 S.W. 148TH STREET MIAMI, FL 33158

Halast Jese Hyriam Rhentoin