


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90041 013 ****61.25

DOCUMENT # N01505 1. Entity Name YOUNG PATRONESSES OF THE OPERA, INC.					
Principal Place of Business 1200 CORAL WAY MIAMI, FL 33145			Mailing Address P.O. BOX 347616 20 MIRACLE MILE MIAMI, FL 33234 US		
2. Principal Place of Business - No P.O. Box # 8390 N.W. 25th ST			3. Mailing Address Suite, Apt. #, etc.		
City & State Miami, FL			City & State Suite, Apt. #, etc.		
Zip 33122		Country USA		4. FEI Number 59-2376906	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEUPI, CARLOS J C/O AKERMAN, SENTERFITT & EIDSON, P.A. ONE SE THIRD AVE, 27TH FL MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLY, EVANS 6045 ROLLING RD PINECREST, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Varela, Ana 3650 Klebba Lane Miami, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, ANA 3650 KLIBBA DR MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Campbell, Deborah 7272 SW 148 ST Miami, FL 33158	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIBENBOIM, MYRIAM 5801 HAGGIORA ST CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Weber, Kathleen 11730 SW 67 CT Pinecrest, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS WEBER, KATHLEEN 117 30 SW 67 CT PINECREST, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD murphy, Kathleen 1520 NE 105 ST Miami Shores, FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS WORKANZL, LISA M 3545 PARK AVE MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD Tadaro, Julie 2195 NE 120 ST North Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD SCHAFFHOUSEN, LEE ANN 1209 S SW 62 AVE PINECREST, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD Lyall, Ingrid 13401 SW 57 CT Miami, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kathleen M Weber</i> Treasurer/Director			Date: <i>3/17/2008</i> Daytime Phone #: <i>305-667-9052</i>		