

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G99998

FILED
Jan 06, 2009
Secretary of State

Entity Name: OPA INTERNATIONAL CORPORATION

Current Principal Place of Business:

7122 N.W. 50TH STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7122 N.W. 50TH STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 59-2411367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, WILLIAM C JR, PA
1390 BRICKELL AVENUE
SUITE 280
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: OSPINA, ALBERTO
Address: AVENIDA CARACAS #35-53
City-St-Zip: BOGOTA - COLOMBIA, NO N/A

Title: VD () Delete
Name: BOGGIO, PIER C
Address: AVENIDA CARACAS #35-53
City-St-Zip: BOGOTA - COLOMBIA, NO N/A

Title: SD () Delete
Name: BOGGIO, CRISTINA
Address: 2501 CRANDON BLVD # 1224
City-St-Zip: KEY BISCAVNE, FL 33149

Title: PD () Delete
Name: BOGGIO, CARLOS A
Address: 650 OCEAN DR. UNIT # 11-C
City-St-Zip: KEY BISCAVNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS BOGGIO

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date