
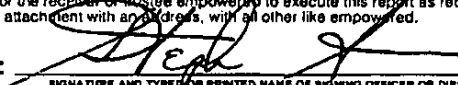


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-02-2008 90024 037 ****61.25

DOCUMENT # N07000003469					
1. Entity Name THE OPERA WORKSHOP, INCORPORATED					
Principal Place of Business 174 SPRINGFIELD PASS DAVENPORT, FL 33897			Mailing Address 174 SPRINGFIELD PASS DAVENPORT, FL 33897		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCOVASSO, STEPHEN 174 SPRINGFIELD PASS DAVENPORT, FL 33897				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 \$81.25 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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOVASSO, STEPHEN		NAME	SCOVASSO, STEPHEN	
STREET ADDRESS	174 SPRINGFIELD PASS		STREET ADDRESS	174 SPRINGFIELD PASS	
CITY - ST - ZIP	DAVENPORT, FL 33894		CITY - ST - ZIP	DAVENPORT - FL - 33897	
TITLE	MEMB	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, MICHAEL		NAME		
STREET ADDRESS	3431 FERNWOOD DRIVE		STREET ADDRESS		
CITY - ST - ZIP	KISSIMMEE, FL 34741		CITY - ST - ZIP		
TITLE	MEMB	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, ALBERTO		NAME		
STREET ADDRESS	174 SPRINGFIELD PASS		STREET ADDRESS		
CITY - ST - ZIP	DAVENPORT, FL 33897		CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			Date: April 23, 2008 863-438-4866		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytona Phone #</small>		

66008212



01022008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-8781113

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

Filing Fee is \$81.25
Due by May 1, 2008

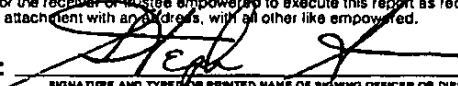
9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

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SIGNATURE:  Date: April 23, 2008 863-438-4866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #