2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N07000009660

Entity Name: L'OPERA NOSTRA, INC.

Current Principal Place of Business:

1038 N.W. 133 AVE.
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

1038 N.W. 133 AVE.
MIAMI, FL 33182 US

New Mailing Address:

FEI Number: 13-4365000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIUZA, AIMÉE MS.
1038 N.W. 133 AVE.
MIAMI, FL 33182 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEL CASTILLO, HILDA MS.
Address: 3799 N.W. 12 STREET
City-St-Zip: MIAMI, FL 33126

Title: P ( ) Delete
Name: MARTINEZ, NELSON MR.
Address: 3799 N.W. 12 STREET
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete
Name: FIUZA, AIMÉE MS.
Address: 1038 N.W. 133 AVE.
City-St-Zip: MIAMI, FL 33182

Title: VP ( ) Delete
Name: LUDUENA, SILVIA MS.
Address: 4709 N.W. 7 STREET
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DEL CASTILLO, HILDA MS.
Address: 3291 N.W. 18 STREET
City-St-Zip: MIAMI, FL 33125

Title: P (X) Change ( ) Addition
Name: MARTINEZ, NELSON MR.
Address: 3291 N.W. 18 STREET
City-St-Zip: MIAMI, FL 33125

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

Title: VP (X) Change ( ) Addition
Name: LUDUENA, SILVIA MS.
Address: 1412 SW 124 PL
City-St-Zip: MIAMI, FL 33184

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIMEE FIUZA VP 04/15/2009

Electronic Signature of Signing Officer or Director — Date