


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State


DOCUMENT # N96000000903

1. Entity Name
 CIRCULO LIRICO DE LA OPERA, INC.



| | |
|---|---|
| Principal Place of Business 3881 W. FLAGLER STREET APT. 133 MIAMI, FL 33134 US | Mailing Address 3881 W. FLAGLER STREET APT. 133 MIAMI, FL 33134 US |
|---|---|

DO NOT WRITE IN THIS SPACE



07022007 No Chg-NP CR2E037 (4/06)

| | |
|--|---------------------------------------|
| 4. FEI Number 65-0708422 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

URIARTE, EUGENIO N
 3881 W. FLAGLER STREET
 APT. 133
 MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD URIARTE, MERCY 840 WALLACE CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP URIARTE, EUGENIO N 3881 WEST FLAGLER STREET, APT 133 MIAMI, FL 33134 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD URIARTE, EUGENIO J 6820 S.W. 57 TERRACE MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000767036
 07/05/07-80008-011 70.00

DO NOT WRITE IN THIS SPACE

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: Eugenio N. Uriarte **Eugenio N. Uriarte** 7/1/07 (305) 643-4049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #