


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 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	



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0708422	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

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 May 1, 2008**

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	

**DO NOT WRITE IN THIS SPACE**

00000809272  
 02/08/08-80015-018 61.25

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 1/8/08 (305) 643-4049  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #