2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000004433

1. Entity Name



FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90232 043 ****61.25

SOUTH F	'LORIDA OPERA COMPAN'	Y, INC.						
1234 BARNSTABLE CIR 1234		Mailing Address 1234 BARNSTABLE CIR WELLINGTON, FL 33414	1234 BARNSTABLE CIR				I II I I I II I I I I I I I I I I I I	(T a la la
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022007	Chg-NP	CR2E037	7 (12/06)	
City & State		City & State		4. FEI Numl 65-07			No	plied For t Applicable
Zip	Country	Zip	Country		e of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current I	Registered Agent	Name	7. Name an	d Address of New	Registered A	gent	
PHILLIPS.	STEPHEN R		Name					
515 N. FLAGLER DRIVE #702 WEST PALM BEACH, FL 33401			Street Addres		per is Not Acceptab	le)	· · · · · · · · · · · · · · · · · · ·	
			City			FL	Zip Code	e
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent, or b	oth, in the State of F		miliar with.	and accept
	ions of registered agent.	3 3	•			•		,
SIGNATURE.	· Signature, typed or printed name of registered agent a	and trile if applicable. (NOTE:	Registered Agent signatur	re required when reinstating)		DATE		
		1		31.1.1.			navable to	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Came Trust Fund Co	paign Financing	\$5.00 May Added to Fee	s Flo	Make check orida Departi	ment of St	zte
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF	9. Election Carry Trust Fund Co	paign Financing ontribution. [\$5.00 May Added to Fee ADDITIONS/C	00	Make check orida Departi	ment of St	ate 10
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12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Descriptions

Date

Descriptions

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