


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

|   |                          |  |   |  |                                   |
|---|--------------------------|--|---|--|-----------------------------------|
| <b>DOCUMENT # N51329</b>  |                          |  |   |         |                                   |
| 1. Entity Name<br>STO. NINO SHRINE USA, INC.  |                          |  |   |  |                                   |
| Principal Place of Business<br>4515 W. HANNA AVENUE<br>TAMPA FL 33614   |                          |  | Mailing Address<br>4515 W. HANNA AVENUE<br>TAMPA FL 33614 |  |                                   |
| 2. Principal Place of Business  |                          | 3. Mailing Address   |   |  |                                   |
| Suite, Apt. #, etc.   |                          | Suite, Apt. #, etc.  |   |  |                                   |
| City & State  |                          | City & State   |   | 4. FEI Number<br>59-3144379  |                                   |
| Zip   | Country                  | Zip  | Country   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent<br><br>RAFFINAN, MARIA<br>2625 WESTVIEW CT<br>CLEARWATER FL 33761   |                          |  | 7. Name and Address of New Registered Agent               |  |                                   |
|   |                          |  | 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 <i>M. Raffinan</i>  |                          | (NOTE: Registered Agent signature required when reinstating)                     |   | DATE 4/1/05  |                                   |
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2005  |                          | 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   | D                        | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | BILBAO, EDGARDO A.       |  | NAME  |  |                                   |
| STREET ADDRESS  | 4515 W. HANNA AVE        |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | TAMPA FL                 |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | D                        | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | DOMPOR, FATIMA REGENCI   |  | NAME  |  |                                   |
| STREET ADDRESS  | 205 W MARTIN LUTHER BLVD |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | TAMPA FL 33603           |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | D                        | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | DEL LA CRUZ, NILDA G.    |  | NAME  |  |                                   |
| STREET ADDRESS  | 547 TALLAHASSEE DR NE    |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | ST. PETERSBURG FL        |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | D                        | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | MOSQUERA, BENJAMIN P.    |  | NAME  |  |                                   |
| STREET ADDRESS  | 681 BAY LAUREL CT        |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | ST. PETERSBURG FL        |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | D                        | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | RAFFINAN, JOSE           |  | NAME  |  |                                   |
| STREET ADDRESS  | 2625 WESTVIEW CT         |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | CLEARWATER FL            |  | CITY-ST-ZIP   |  |                                   |
| TITLE   |                          | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| 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 exemption stated in Section 119.07(3)(f), 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: <i>M. Raffinan</i>   |                          | DATE: 4/1/05   |   | DAYTIME PHONE #: 727-785-0341  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                          |  |   |  |                                   |



1st MOORE CR2E037 (10/04)

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04/04/05-80038-007 61.25