

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51329

FILED
Jan 13, 2011
Secretary of State

Entity Name: STO. NINO SHRINE USA, INC.

Current Principal Place of Business:

20832 CEDAR BLUFF PL
LAND O'LAKES, FL 34538

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 271662
CARROLLWOOD, FL 33688

New Mailing Address:

FEI Number: 59-3144379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA CRUZ, NILDA
547 TALLAHASSEE DR NE
ST. PETERSBURG, FL 33702 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
Name: BILBAO, EDGARDO MR.
Address: 20832 CEDAR BLUFF PL
City-St-Zip: LAND O'LAKES, FL 34538

Title: VP
Name: COLINA, LEDWINA DR.
Address: 4355 BURNBERRY GLEN CT.
City-St-Zip: SPRINGHILL, FL 34609

Title: S
Name: ALQUIZOLA, FLORENDA DR
Address: 17410 HIALEAH DR
City-St-Zip: ODESSA, FL 33556

Title: T/D
Name: DE LA CRUZ, NILDA
Address: 547 TALLAHASSEE DR NE
City-St-Zip: ST PETERSBURG, FL 33702

Title: D
Name: RACOMA, HELEN
Address: 17306 EQUESTRIAN TRAIL
City-St-Zip: ODESSA, FL 33556

Title: D
Name: RAFFINAN, MARIA DR
Address: 2625 WESTVIEW DR.
City-St-Zip: CLEARWATER, FL 33761

I hereby 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 all other like empowered.

SIGNATURE: NILDA DE LA CRUZ

T/D

01/13/2011

Electronic Signature of Signing Officer or Director

Date