


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000051375</b>	
1. Entity Name SINU CORP.	

Principal Place of Business 2756 SW 195TH TERR MIRAMAR, FL 33029	Mailing Address 2756 SW 195TH TERR MIRAMAR, FL 33029
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DO NOT WRITE IN THIS SPACE



05122008 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1926950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BARCENAS, ENRIQUE A  
2756 SW 195TH TERR  
MIRAMAR, FL 33029

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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 \_\_\_\_\_

000000951517  
06/04/08-2008-006 150.00  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D BARCENAS, ENRIQUE A 2756 SW 195TH TERR MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D BARCENAS, NORMA 2756 SW 195TH TERR MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D BARCENAS, ENRIQUE A JR 2756 SW 195TH TERR MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 607, 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:** *Barcel* \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_