2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005832

Apr 24, 2006 Secretary of State

Entity Name: SR. SANTO NINO SINULOG OF MIAMI, INC.

Current Principal Place of Business: New Principal Place of Business: 20231 SW 128 COURT MIAMI, FL 33177 US **Current Mailing Address: New Mailing Address:** 20231 SW 128 COURT MIAMI, FL 33177 FEI Number: 20-3015274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SICSIC, ISABELO 20231 ŚW 128 COURT MIAMI, FL 33177 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition QUINTANA, NIDA Name: Name: 17433 SW 143 PLACE Address: Address: City-St-Zip: MIAMI, FL 33177 US City-St-Zip: Title: () Delete Title: DVP (X) Change () Addition MENDOZA, CESAR Name: HOLLIS, MARIA Name: Address: 6443 SW 166 COURT Address: 20211 SW 128 COURT City-St-Zip: MIAMI, FL 33193 US City-St-Zip: MIAMI, FL 33193 US Title: DS () Delete Title: () Change () Addition SICSIC, ISABELO Name: Name: 20231 SW 128 COURT Address: Address: City-St-Zip: MIAMI, FL 33177 US City-St-Zip: Title: DT () Delete Title: (X) Change () Addition Name: MENDOZA, ANA MARIA Name: AMODIA, NELDA 8590 SW 161 PLACE 15523 SW 41 STREET Address: Address: City-St-Zip: MIAMI, FL 33193 US City-St-Zip: MIAMI, FL 33185 US Title: () Delete Title: (X) Change () Addition HOLLIS, MARIA MENDOZA, CESAR Name: Name: 20211 SW 128 COURT 6443 SW 166 COURT Address: Address: City-St-Zip: MIAMI, FL 33177 US City-St-Zip: MIAMI, FL 33193 US Title: () Delete Title: () Change () Addition GULAR, JANET Name: Name: Address: 20171 SW 128 COURT Address: MIAMI, FL 33177 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ISABELO SICSIC DS 04/24/2006