2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51329

Entity Name: STO. NINO SHRINE USA, INC.

Current Principal Place of Business:

20832 CEDAR BLUFF PL LAND O'LAKES. FL 34538

Current Mailing Address:

P.O.BOX 271662

CARROLLWOOD, FL 33688

FEI Number: 59-3144379 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE LA CRUZ, NILDA 547 TALLAHASSEE DR NE ST. PETERSBURG, FL 33702 US

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

FILED Jan 21, 2015

Secretary of State

CC7206240073

Officer/Director Detail:

Title DIRECTOR Title VΡ

BILBAO, EDGARDO MR. Name COLINA, LEDWINA DR. Name Address 20832 CEDAR BLUFF PL Address 4355 BURNBERRY GLEN CT.

City-State-Zip: LAND O'LAKES FL 34538 City-State-Zip: SPRINGHILL FL 34609

Title T/D Title **PRESIDENT**

Name DE LA CRUZ, NILDA Name ALQUIZOLA, FLORENDA DR

Address 547 TALLAHASSEE DR NE Address 17410 HIALEAH DR ST PETERSBURG FL 33702 City-State-Zip: City-State-Zip: ODESSA FL 33556

Title Title D

Name RAFFINAN, MARIA DR RACOMA, HELEN Name Address 2625 WESTVIEW DR. 17306 EQUESTRIAN TRAIL Address City-State-Zip: CLEARWATER FL 33761

City-State-Zip: ODESSA FL 33556

Title **SECRETARY**

REYNES, CAROL R Name 940 LIVE OAK AVE. Address

ST. PETERSBURG FL 33703 City-State-Zip:

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.

01/21/2015 SIGNATURE: NILDA DE LA CRUZ TREASURER