

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51329

**FILED**  
**Mar 12, 2014**  
**Secretary of State**  
**CC2882822717**

**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

**Officer/Director Detail :**

Title P  
Name BILBAO, EDGARDO MR.  
Address 20832 CEDAR BLUFF PL  
City-State-Zip: LAND O'LAKES FL 34538

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

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

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

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

Title D  
Name RAFFINAN, MARIA DR  
Address 2625 WESTVIEW DR.  
City-State-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**

**TREASURER**

**03/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date