

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51329

FILED
Apr 29, 2006
Secretary of State

Entity Name: STO. NINO SHRINE USA, INC.

Current Principal Place of Business:

4515 W. HANNA AVENUE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4515 W. HANNA AVENUE
TAMPA, FL 33614

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:

RAFFINAN, MARIA
2625 WESTVIEW CT
CLEARWATER, FL 33761 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: D () Delete
Name: BILBAO, EDGARDO A.,
Address: 4515 W. HANNA AVE
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: DOMPOR, FATIMA REGENCI
Address: 205 W MARTIN LUTHER BLVD
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: DEL LA CRUZ, NILDA G.,
Address: 547 TALLAHASSEE DR NE
City-St-Zip: ST. PETERSBURG, FL

Title: D () Delete
Name: MOSQUERA, BENJAMIN P.,
Address: 681 BAY LAUREL CT
City-St-Zip: ST. PETERSBURG, FL

Title: D () Delete
Name: RAFFINAN, JOSE,
Address: 2625 WESTVIEW CT
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: RAFFINAN, JOSE

PRO

04/29/2006

Electronic Signature of Signing Officer or Director

Date