

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90242 007 \*\*\*158.75

**DOCUMENT # N93000005176**

1. Entity Name  
STO. NINO (SINULOG) OF SOUTH FLORIDA, INC.



Principal Place of Business  
8180 NW 47 DR  
CORAL SPRINGS, FL 33067 US

Mailing Address  
8180 NW 47 DR  
CORAL SPRINGS, FL 33067 US

**94075094**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
65-0453492

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIM, PRECY  
8180 NW 47 DRIVE  
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LIM, PRECY  
STREET ADDRESS 8180 NW 47 DR  
CITY-ST-ZIP CORAL SPRINGS, FL

TITLE TD ☐ Delete  
NAME POBLETE, EMELINA G  
STREET ADDRESS 3257 NW 102 TERRACE  
CITY-ST-ZIP SUNRISE, FL

TITLE SD ☒ Delete  
NAME BARRAS, DENCY S  
STREET ADDRESS 5160 S.W. 19TH STREET  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE V ☐ Delete  
NAME SABARILLO, JOE  
STREET ADDRESS 4700 N.W. 99TH TERRACE  
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE D ☒ Delete  
NAME BATTAD, ALEXANDER B  
STREET ADDRESS 10141 NW 24 CT  
CITY-ST-ZIP SUNRISE, FL

TITLE ☐ Delete  
NAME LORNA GRAZDA  
STREET ADDRESS 4201 NW 62nd Drive  
CITY-ST-ZIP Coconut Creek FL 33073

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Precy A. Lim 4/27/04*