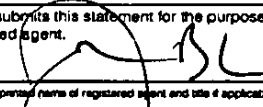
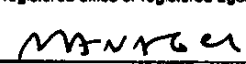
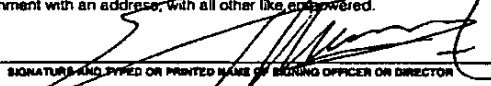


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90109 001 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                                   |                                                                                                                     |                                                                                                                                                                                                                                                            |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P04000003203</b><br>1. Entity Name<br><b>SIBONEY TRADING COMPANY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                                                   |                                                                                                                     |                                                                                                                                                                           |                                                                   |
| Principal Place of Business<br><b>1000 SOUTHERN BOULEVARD<br/>SUITE 300<br/>WEST PALM BEACH, FL 33405-2439</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                   | Mailing Address<br><b>1000 SOUTHERN BOULEVARD<br/>SUITE 300<br/>WEST PALM BEACH, FL 33405-2439</b>                  |                                                                                                                                                                                                                                                            |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                   | 3. Mailing Address                                                                                                  |                                                                                                                                                                                                                                                            |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                   | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                                                                                                                                            |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                   | City & State                                                                                                        |                                                                                                                                                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | Country                                                           |                                                                                                                     | Zip                                                                                                                                                                                                                                                        |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            | Country                                                           |                                                                                                                     | 4. FEI Number<br><b>20-0564695</b>                                                                                                                                                                                                                         |                                                                   |
| 5. Certificate of Status Desired <b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |                                                                   |                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                                     |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>MCCRACKEN, JOHN B<br/>505 SOUTH FLAGLER DRIVE<br/>SUITE 1100<br/>WEST PALM BEACH, FL 33401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                                                   |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br><b>JONES FOSTER SERVICE, LLC</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>505 SOUTH FLAGLER DRIVE, SUITE 1100</b><br>City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33401</b> |                                                                   |
| 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.<br>SIGNATURE:   <b>6/8/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                     |                                                                                            |                                                                   |                                                                                                                     |                                                                                                                                                                                                                                                            |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                                                                                                                                            |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                                                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>TOMEU, MARIA EUGENIA<br>1200 S. FLAGLER DRIVE APT. 1801<br>WEST PALM BEACH, FL 33401 | <input type="checkbox"/> Delete                                   |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                             | 1000 SOUTHERN BLVD SUITE 300<br>WEST PALM BEACH, FL 33405         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STD<br>TOMEU, ENRIQUE<br>1200 S. FLAGLER DRIVE APT. 1801<br>WEST PALM BEACH, FL 33401      | <input type="checkbox"/> Delete                                   |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                             | 1000 SOUTHERN BLVD SUITE 300<br>WEST PALM BEACH, FL 33405         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 607, 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                                                                   | Date <b>4/29/05</b> (561) 832-3110                                                                                  |                                                                                                                                                                                                                                                            |                                                                   |

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04182005 Chg-P CR2E034 (10/03)