2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90193 031 ***158.75

DOCUMENT # 405707

1. Entity Name
SIBONEY CONTRACTING CO.

94070169

Principal Place of Business	Mailing Address
1000 SOUTHERN BOULEVARD SUITE 300 W. PALM BEACH, FL 33405 US	1000 SOUTHERN BOULEVARD SUITE 300 W. PALM BEACH, FL 33405 US

04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1419274
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCRACKEN, JOHN B.
505 S. FLAGER DR. SUITE 1100
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	TOMEU, ADELA M.
STREET ADDRESS	7001 S. FLAGER DR.
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	PTD
NAME	TOMEU, ENRIQUE A
STREET ADDRESS	1000 SOUTHERN BLVD SUITE #300
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	VP
NAME	LUKE, CLYDE R.
STREET ADDRESS	14055 107TH STREET
CITY-ST-ZIP	FELLSMERE, FL
TITLE	VP
NAME	SEVI, DANTE C
STREET ADDRESS	1246 WOODRIDGE COURT
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	VP
NAME	AGRAMONTE, JACINTO
STREET ADDRESS	1000 SOUTHERN BLVD., SUITE 300
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	VP
NAME	NAVARRO, JUSTO
STREET ADDRESS	1000 SOUTHERN BLVD., SUITE 300
CITY-ST-ZIP	WEST PALM BEACH, FL 33405

DO NOT WRITE IN THIS SPACE

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: _____ 4/26/04 (561) 832-3110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #