



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 454803 1. Entity Name SIBONEY INTERNATIONAL CORP.			
Principal Place of Business 1000 SOUTHERN BLVD PO BOX 6665 WEST PALM BEACH, FL 33405		Mailing Address P O BOX 6665 W PALM BEACH, FL 33405 US	
DO NOT WRITE IN THIS SPACE			
		 04212004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1561590	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCRACKEN, JOHN % JONES, FOSTER, JOHNSTON & STUBBS 505 S. FLAGLER DR., SUITE 1100 WEST PALM BEACH, FL 33402-3475		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000150176 05/03/04-80213-022 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST TOMEU, ENRIQUE J 1000 SOUTHERN BLVD WEST PALM BCH, FL 33405		
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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 or without other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-30-04</u> Daytime Phone # <u>(561) 832-3110</u>	