

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # L52005

1. Entity Name
SIBONEY HOLDINGS CO.



Principal Place of Business
1000 SOUTHERN BLVD.
SUITE 301
WEST PALM BEACH, FL 33405 US

Mailing Address
P.O. BOX 6665
WEST PALM BEACH, FL 33405 US



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0205334

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$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 33405-3475

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 PD
NAME TOMEU, ENRIQUE J.
STREET ADDRESS 1000 SOUTHERN BOULEVARD
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE S
NAME SANCHEZ, QUIRINO
STREET ADDRESS 2399 RUE RD.
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000150186
05/03/04-80213-023 158.75

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

(561) 832-3110

Daytime Phone #