2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003438

8614 SW 148 PLACE

5360 SW 130 TERRACE

() Delete

() Delete

MIAMI, FL 33193

CUNILL, ROSY

MIAMI, FL 33015

PEREZ. YDALY

MIAMI, FL 33193

8614 SW 148 PLACE

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: CIBONEY TRIBE, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8614 SOUTHWEST 148TH PLACE MIAMI, FL 33193 **Current Mailing Address: New Mailing Address:** 8614 SOUTHWEST 148TH PLACE MIAMI, FL 33193 FEI Number: 65-0843798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALT, JORGE L 8614 SW 148 PL MIAMI, FL 33193 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PEREZ, SERGIO Name: Name: Address: 10581 SW 155TH PLACE, 1603 Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: Title: () Delete Title: () Change () Addition SALT, JORGE L Name: Name: Address: 8614 SOUTHWEST 148TH PLACE Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: Title: () Delete Title: (X) Change () Addition CUNILL, ROBERT Name: CUNILL, ROBERT Name: 16055 NW 64 AVENUE #216 Address: Address: 5300 W. 4TH LANE City-St-Zip: MIAMI, FL 33014 City-St-Zip: HIALEAH, FL 33012 Title: TR () Delete Title: () Change () Addition Name: SALT, TAMARA Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: SERGIO PEREZ CR 04/30/2004

() Change () Addition

() Change () Addition