



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90310 043 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P00000037767</b><br>1. Entity Name<br>SIBONEY USA/MIAMI, INC.   |  |   |   |                                      |  |
| Principal Place of Business<br>1401 BRICKELL AVENUE SUITE 1100<br>MIAMI, FL 33131   |  |   | Mailing Address<br>1401 BRICKELL AVENUE SUITE 1100<br>MIAMI, FL 33131 |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                         |   |  |
| City & State  |  |   | City & State  |   |  |
| Zip   |  | Country   |   | Zip   |  |
| Country   |  | Country   |   | 4. FEI Number<br>65-1000831   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br>CUBAS, MERCEDES<br>1401 BRICKELL AVE<br>SUITE 1100<br>MIAMI, FL 33131  |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |  |   |   | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   |   |  |
| <b>\$5.00 May Be Added to Fees</b>  |  | 10. OFFICERS AND DIRECTORS  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                               |   |   |  |
| CCEP<br>CUBAS, JOSE M<br>1401 BRICKELL AVE., SUITE 1100<br>MIAMI, FL 33131  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |   |   |  |
| D<br>CUBAS, EDITH<br>14001 BRICKELL AVE., SUITE 1100<br>MIAMI, FL 33131   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |   |   |  |
| S<br>ONECA, ALEXIS<br>1401 BRICKELL AVE. SUITE 1100<br>MIAMI, FL 33131  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |   |   |  |
| D<br>CUBAS, MERCEDES<br>1401 BRICKELL AVE., SUITE 1100<br>MIAMI, FL 33131   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |   |   |  |
| 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. |  |   |   |   |  |
| <b>SIGNATURE: JOSE M. CUBAS CCEP</b>  <b>4/15/05</b> <b>(305) 372 8630</b>   |  |   |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |   |   |  |