

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90405 021 \*\*\*150.00

<b>DOCUMENT # P00000037767</b> 1. Entity Name <b>SIBONEY USA/MIAMI, INC.</b>			
Principal Place of Business <b>1401 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131</b>		Mailing Address <b>1401 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131</b>	
2. Principal Place of Business <b>5700 SW 39<sup>th</sup> St</b> Suite, Apt. #, etc.		3. Mailing Address <b>5700 SW 39<sup>th</sup> St</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33155</b>		Zip <b>33155</b>	
Country <b>U.S.A</b>		Country <b>U.S.A</b>	
4. FEI Number <b>65-1000831</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CUBAS, MERCEDES 1401 BRICKELL AVE SUITE 1100 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <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 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEP CUBAS, JOSE M 1401 BRICKELL AVE., SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUBAS, EDITH 14001 BRICKELL AVE., SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FONTENEAU, CALINE 5225 NE 2ND COURT APT 2 MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUBAS, MERCEDES 1401 BRICKELL AVE., SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CUBAS, MERCEDES 1401 BRICKELL AVE, Suite 1100 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CUBAS, MERCEDES 1401 BRICKELL AVE., SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CUBAS, MERCEDES 1401 BRICKELL AVE., SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-11-06</b>	
Daytime Phone # <b>305-661-3755</b>		_____	

Jose M. Cubas