

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037767

Entity Name: SIBONEY USA/MIAMI, INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

5700 SW 39TH ST
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

5700 SW 39TH ST
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-1000831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUBAS, MERCEDES
1401 BRICKELL AVE
SUITE 1100
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CUBAS, MERCEDES
1 ALHAMBRA PLAZA
SUITE 1410
CORAL GABLES, FL 33134 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:

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEP () Delete
Name: CUBAS, JOSE M
Address: 1401 BRICKELL AVE., SUITE 1100
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CUBAS, EDITH
Address: 14001 BRICKELL AVE., SUITE 1100
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: CUBAS, MERCEDES
Address: 1401 BRICKELL AVE., STE 1100
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CUBAS, MERCEDES
Address: 1401 BRICKELL AVE., SUITE 1100
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEP (X) Change () Addition
Name: CUBAS, JOSE M
Address: 1 ALHAMBRA PLAZA SUITE 1410
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: CUBAS, EDITH
Address: 1 ALHAMBRA PLAZA SUITE 1410
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change () Addition
Name: CUBAS, MERCEDES
Address: 1 ALHAMBRA PLAZA SUITE 1410
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: CUBAS, MERCEDES
Address: 1 ALHAMBRA PLAZA SUITE 1410
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE M. CUBAS

CCEP

01/08/2009

Electronic Signature of Signing Officer or Director

Date