

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 08, 2008 08:00 AM  
Secretary of State

DOCUMENT # P04000003203

1. Entity Name  
SIBONEY TRADING COMPANY, INC.



Principal Place of Business

1000 SOUTHERN BOULEVARD  
SUITE 300  
WEST PALM BEACH, FL 33405-2439

Mailing Address

1000 SOUTHERN BOULEVARD  
SUITE 300  
WEST PALM BEACH, FL 33405-2439



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
20-0564695

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000950335  
06/03/08-80065-004 150.00

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOMEU, MARIA EUGENIA
STREET ADDRESS	1000 SOUTHERN BLVD, SUITE 300
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	STD
NAME	TOMEU, ENRIQUE
STREET ADDRESS	1000 SOUTHERN BLVD, SUITE 300
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #