


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90514 013 ***150.00

| | | |
|---|--|---|
| DOCUMENT # P95000075743 | |  |
| 1. Entity Name SIBILLA INVESTMENT CORP. | | |

| | |
|---|---|
| Principal Place of Business 1800 SUNSET HARBOUR DR APT 1808 MIAMI, FL 33139-1457 US | Mailing Address 1800 SUNSET HARBOUR DR APT 1808 MIAMI, FL 33139-1457 US |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

34043467



04222004 Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 65-0676611 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| AMBROSINO, GENARO 1800 SUNSET HARBOUR DRIVE APT 1808 MIAMI, FL 33135-1457 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AMBROSINO, GENARO | NAME | AMBROSINO, GENARO |
| STREET ADDRESS | 3095 SW 39TH AVE | STREET ADDRESS | 1800 SUNSET HARBOUR DR. APT 1808 |
| CITY-ST-ZIP | MIAMI, FL 33146 | CITY-ST-ZIP | MIAMI BEACH FL 33139-1457 |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AMBROSINO, MICHELE | NAME | AMBROSINO MICHELE |
| STREET ADDRESS | 3095 SW 39TH AVE | STREET ADDRESS | 1800 SUNSET HARBOUR DR. APT 1808 |
| CITY-ST-ZIP | MIAMI, FL 33146 | CITY-ST-ZIP | MIAMI BEACH, FL 33139-1457 |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AMBROSIAO, ROSANNA | NAME | AMBROSINO ROSANNA |
| STREET ADDRESS | 3095 SW 39TH AVE | STREET ADDRESS | 1800 SUNSET HARBOUR DR. APT 1808 |
| CITY-ST-ZIP | MIAMI, FL 33146 | CITY-ST-ZIP | MIAMI BEACH FL 33139-1457 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: Genaro Ambrosino 04/22/04 305 891 5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #