


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90033 003 ***150.00

DOCUMENT # 354576
 1. Entity Name
BACARDI BOTTLING CORPORATION



Principal Place of Business
 12200 N. MAIN AND I 295
 JACKSONVILLE, FL 32218

Mailing Address
 2100 BISCAYNE BLVD
 ATTN:LEGAL DEPT
 MIAMI, FL 33137 US

50003897

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc. -

City & State

City & State

Zip Country Zip Country



01042005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1295645

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** Delete
 NAME **CAUTHEN, CHARLES**
 STREET ADDRESS **2460 ELBOW ROAD**
 CITY-ST-ZIP **ORANGE PARK, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **LOPEZ, FELIPE**
 STREET ADDRESS **13210 S. BIGGIN CHURCH RD.**
 CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **WILSON, FREDRICK I**
 STREET ADDRESS **2100 BISCAYNE BLVD.**
 CITY-ST-ZIP **MIAMI, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **SUAREZ, OSCAR**
 STREET ADDRESS **12200 N MAIN & I-295**
 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DC** Delete
 NAME **DEHECHAVARRIA, LUIS**
 STREET ADDRESS **8087 SUMMIT RIDGE LN**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000,**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:  **1/14/05** **(305) 573-8511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Frederick J. Wilson, III / Secretary