

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-17-2006 90067 009 \*\*\*150.00

**DOCUMENT # F95000002145**

1. Entity Name  
**BACARDI U.S.A., INC.**



Principal Place of Business  
**2100 BISCAYNE BLVD.**  
**MIAMI, FL 33137**

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

**60017623**



2. Principal Place of Business

3. Mailing Address

01062006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**13-1507147**

Applied For  
 Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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, 2006 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	DP	<input type="checkbox"/> Delete
NAME	SARDINA, EDUARDO M	
STREET ADDRESS	2100 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, FREDERICK J III	
STREET ADDRESS	2100 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDERSON, WILLIAM G	
STREET ADDRESS	2100 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUTTER, KENNETH J	
STREET ADDRESS	2100 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARMOL, RAUL	
STREET ADDRESS	2100 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SR. V.P. / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SR. V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SR. V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SR. V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** **FREDERICK S. WILSON, III / SR V.P.** 2/3/06 (305) 573-8600 ext 1115  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #