

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000010873**

1. Entity Name  
**FACUNDO AND ELIZABETH BACARDI FAMILY  
FOUNDATION, INC.**



Principal Place of Business  
**2665 S BAYSHORE DR SUITE 601  
COCONUT GROVE, FL 33133**

Mailing Address  
**2665 S BAYSHORE DR SUITE 601  
COCONUT GROVE, FL 33133**



02052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2409420</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

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

**BACARDI, FACUNDO L  
2665 S BAYSHORE DR SUITE 601  
COCONUT GROVE, FL 33133**

**DO NOT WRITE  
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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BACARDI, FACUNDO L
STREET ADDRESS	10 EDGEWATER DR APT 15A
CITY-ST-ZIP	CORAL GABLES, FL 33133

TITLE	D
NAME	BACARDI, ELIZABETH L
STREET ADDRESS	10 EDGEWATER DR APT 15A
CITY-ST-ZIP	CORAL GABLES, FL 33133

TITLE	D
NAME	BACARDI, RUBY M
STREET ADDRESS	5830 MAYNADA STREET
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000667760  
03/27/07-80002-017 61.25

**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 617, 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 #

3/12/07 305-285-5588