2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N04000010873

Entity Name: FACUNDO AND ELIZABETH BACARDI FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2665 S BAYSHORE DR SUITE 601
COCONUT GROVE, FL 33133

New Principal Place of Business:

133 SEVILLA AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

2665 S BAYSHORE DR SUITE 601
COCONUT GROVE, FL 33133

New Mailing Address:

133 SEVILLA AVENUE
CORAL GABLES, FL 33134

FEI Number: 20-2409420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BACARDI, FACUNDO L
133 SEVILLA AVENUE
CORAL GABLES, FL 33134 US

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.

SIGNATURE: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BACARDI, FACUNDO L
Address: 10 EDGEWATER DR APT 15A
City-St-Zip: CORAL GABLES, FL 33133

Title: SD ( ) Delete
Name: BACARDI, ELIZABETH L
Address: 10 EDGEWATER DR APT 15A
City-St-Zip: CORAL GABLES, FL 33133

Title: D ( ) Delete
Name: BACARDI, RUBY M
Address: 5830 MAYNADA STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: T ( ) Delete
Name: LORIE, CATHERINE H
Address: 1001 MANATI AVE
City-St-Zip: MIAMI, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FACUNDO L. BACARDI PD 04/28/2009
Electronic Signature of Signing Officer or Director — Date