2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000257

Entity Name: BACARDI-MARTINI, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2075 BISCAYNE BLVD. 866 PONCE DE LEON BLVD

MIAMI, FL 33137 2ND FLOOR

CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

2100 BISCAYNE BLVD 866 PONCE DE LEON BLVD ATTN: LEGAL DEPT. 2ND FLOOR MIAMI, FL 33137

CORAL GABLES, FL 33134 US

FEI Number: 22-3457808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

WILSON, FREDRICK J III REYES, AGUSTIN V Name: Name: 2100 BISCAYNE BOULEVARD 866 PONCE DE LEON BLVD Address: Address:

City-St-Zip: MIAMI, FL 33137 City-St-Zip: CORAL GABLES, FL 33134 US

Title: Title: (X) Change () Addition () Delete Name: REYES, AGUSTIN V Name: TORRES DE NAVARRA, DIANA 866 PONCD DE LEON BLVD 866 PONCE DE LEON BLVD Address: Address: CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete

SUTTER, KENNETH Name: PROHIAS, RAFAEL G Name: 2100 BISCAYNE BLVD 866 PONCE DE LEON BLVD Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL G. PROHIAS 05/01/2006 S