

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000257

FILED
Apr 14, 2009
Secretary of State

Entity Name: BACARDI-MARTINI, INC.

Current Principal Place of Business:

601 BRICKELL KEY DRIVE
SUITE 704
MIAMI, FL 33131 US

Current Mailing Address:

601 BRICKELL KEY DRIVE
SUITE 704
MIAMI, FL 33131 US

FEI Number: 22-3457808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

866 PONCE DE LEON BLVD.
2ND FL.
CORAL GABLES, FL 33134 US

New Mailing Address:

866 PONCE DE LEON BLVD.
2ND FL.
CORAL GABLES, FL 33134 US

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P&D () Delete
Name: TORRES DE NAVARRA, DIANA
Address: 601 BRICKELL KEY DRIVE, SUITE 704
City-St-Zip: MIAMI, FL 33131 US

Title: VPDS () Delete
Name: PROHIAS, RAFAEL G
Address: 601 BRICKELL KEY DRIVE, SUITE 704
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P&D (X) Change () Addition
Name: TORRES DE NAVARRA, DIANA
Address: 866 PONCE DE LEON BLVD., 2ND FL.
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VPDS (X) Change () Addition
Name: PROHIAS, RAFAEL G
Address: 866 PONCE DE LEON BLVD., 2ND FL.
City-St-Zip: CORAL GABLES, FL 33134 US

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 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

VPDS

04/14/2009

Electronic Signature of Signing Officer or Director

Date