

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000257

Entity Name: BACARDI-MARTINI, INC.

FILED  
Apr 21, 2010  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

2701 LE JEUNE ROAD  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

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

## New Mailing Address:

2701 LE JEUNE ROAD  
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:

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  
Name: SUAREZ, OSCAR  
Address: 12200 NORTH MAIN STREET  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: TVPD  
Name: DEL ROSAL, ROB  
Address: 2701 LE JEUNE ROAD  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D  
Name: SANCHEZ, EDUARDO  
Address: 2701 LE JEUNE ROAD  
City-St-Zip: CORAL GABLES, FL 33134

Title: SVPD  
Name: PROHIAS, RAFAEL  
Address: 2701 LE JEUNE ROAD  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: RAFAEL PROHIAS

SVPD

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date