

FILED
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Secretary of State

02-08-2005 90007 042 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F99000001262		
1. Entity Name BACARDI GLOBAL BRANDS, INC.		
Principal Place of Business 866 PONCE DE LEON BLVD 2ND FLOOR CORAL GABLES, FL 33134		Mailing Address 2100 BISCAYNE BLVD LEGAL DEPT MIAMI, FL 33137
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		66003987  01042005 No Chg-P CR2E034 (10/03) 4. FEI Number 52-2151579 Applied For ☒ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILSON, FREDERICK J III 2100 BISCAYNE BLVD MIAMI, FL 33137	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD RECALT, MICHAEL 1275 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Giorgio Ferrero 65 Pitts Bay Road Pembroke HM08 - Bermuda	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Eduardo Sanchez 267, route de Meyrin 1217 Meyrin - Geneva	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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 Frederick J. Wilson, III / Secretary		1/14/05 (305) 573-8511 Date Daytime Phone