


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010873 1. Entity Name FACUNDO L. BACARDI FAMILY FOUNDATION, INC.	
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Principal Place of Business 2665 S BAYSHORE DR SUITE 601 COCONUT GROVE, FL 33133	Mailing Address 2665 S BAYSHORE DR SUITE 601 COCONUT GROVE, FL 33133
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04262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2409420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D BACARDI, FACUNDO L 10 EDGEWATER DR APT 15A CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACARDI, ELIZABETH L 10 EDGEWATER DR APT 15A CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACARDI, RUBY M 5830 MAYNADA STREET CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000561711
05/19/06-80025-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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

Date: 4/26/06 Daytime Phone #: 305-285-5588