
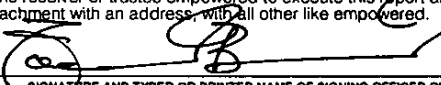


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90226 035 \*\*\*\*61.25

<b>DOCUMENT # N05000007844</b> 1. Entity Name <b>FACUNDO AND AMALIA BACARDI FOUNDATION, INC.</b>					
Principal Place of Business <b>C/O RICHARD J. RAZOOK, ESQ.</b> <b>1111 BRICKELL AVENUE, SUITE 2500</b> <b>MIAMI, FL 33131</b>			Mailing Address <b>C/O RICHARD J. RAZOOK, ESQ.</b> <b>1111 BRICKELL AVENUE, SUITE 2500</b> <b>MIAMI, FL 33131</b>		
2. Principal Place of Business <b>2665 S. Bayshore Dr.</b> Suite, Apt. #, etc. <b>601</b>		3. Mailing Address <b>2665 S. Bayshore Dr.</b> Suite, Apt. #, etc. <b>601</b>			
City & State <b>Coconut Grove, FL</b> Zip <b>33133</b>		City & State <b>Coconut Grove, FL</b> Zip <b>33133</b>		4. FEI Number <b>20-4763176</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAZOOK, RICHARD J ESQ.</b> <b>C/O HUNTON &amp; WILLIAMS, LLP</b> <b>1111 BRICKELL AVENUE, SUITE 2500</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Officer Entry]			<b>Facundo L. Bacardi</b> <b>2665 S. Bayshore Dr Ste 601</b> <b>Coconut Grove, FL 33133</b>		
[Empty Officer Entry]			[Empty Addition Entry]		
[Empty Officer Entry]			[Empty Addition Entry]		
[Empty Officer Entry]			[Empty Addition Entry]		
[Empty Officer Entry]			[Empty Addition Entry]		
[Empty Officer Entry]			[Empty Addition Entry]		
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.					
<b>SIGNATURE:</b> 			Date <b>3/8/06</b> Daytime Phone # <b>305-285-5588</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					