2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 8:00 am Secretary of State

305-285-5588

DOCUMENT # N0500007844 1. Enity Name FACUNDO AND AMALIA BACARDI FOUNDATION, INC.									2008 90	•	28 ****6	51.25
2665 S. BAY	e of Business O J. RAZOOK, ESQ. /SHORE DR. SUITE 601 ROVE, FL 33131	C/0 266	ng Address Richard J. Razook, 5 S. Bayshore Dr. Onut Grove, Fl. 33	Suite	601		1 (10)(10) 1(1	 1111 1111 1111	[]		i i i i i i i i i i i i i i i i i i i	1111101 O1 1TO
2. Principal P	Place of Business - No P.O. Box	tailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02042008	Chg-NP		CR2E0	37 (12/06))
City & Stat	e	Ci	ty & State	•			4. FEI Numbe 20-476	3176			-	Applied For Not Applicable
Zip	Country	Zi	ρ	Cou	intry		5. Certificate	of Status De	esired		\$8.75 A	
	6. Name and Address of C	Current Register	ed Agent				7. Name and	Address o	New Reg	gistered .	Agent	
RAZOOK	RICHARD J ESQ.				Name							
C/O HUNT 1111 BRIC	'ON & WILLIAMS, LLP CKELL AVENUE, SUITE :	2500		Street A	ddress (f	P.O. Box Numbe	er is Not Acc	ceptable)				
MIAMI, FL	33131				City			 -		FL	Zip Co	ode
	named entity submits this state tions of registered agent.	ement for the purp	oose of changing its re	gistere	ed office o	r register	ed agent, or bot	h, in the Sta	te of Florid		<u> </u>	h, and accept
SIGNATURE .												
SIGNATIONE .												
SIGITATIONE :	Signature, typed or printed name of register	ered agent and title if ap	olicable. {NOTE: I	Registered	d Agent signat	ure required	when reinstating)	.,		DATE	-	
SIGNATORE .	Signature, typed or printed name of register Filling Fee Is \$61.25 Due by May 1, 2008	ered agent and title if ap	9. Election Camp Trust Fund Co	aign F	inancing	ure required	when reinstating) \$5.00 May B Added to Fees	в		ke checi	k payable tment of	
10.	Filing Fee is \$61.25 Due by May 1, 2008	ered agent and title II app	9. Election Camp Trust Fund Co	aign F	inancing		\$5.00 May B		Florid	ke checi a Depar	tment of	State
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: