

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-13-2008 90031 028 ****61.25

DOCUMENT # N05000007844					
1. Entity Name FACUNDO AND AMALIA BACARDI FOUNDATION, INC.					
Principal Place of Business C/O RICHARD J. RAZOOK, ESQ. 2665 S. BAYSHORE DR. SUITE 601 COCONUT GROVE, FL 33131			Mailing Address C/O RICHARD J. RAZOOK, ESQ. 2665 S. BAYSHORE DR. SUITE 601 COCONUT GROVE, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4763176	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAZOOK, RICHARD J ESQ. C/O HUNTON & WILLIAMS, LLP 1111 BRICKELL AVENUE, SUITE 2500 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME BACARDI, FACUNDO L	<input type="checkbox"/> Delete		TITLE P/D	
STREET ADDRESS 2665 S. BAYSHORE DR. SUITE 601	CITY-ST-ZIP COCONUT, FL 33133		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE VP/D	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE 	NAME Elizabeth L Bacardi	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2665 S. Bayshore Dr Ste 601	CITY-ST-ZIP Coconut Grove, FL 33133		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE 	NAME S/T/D	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2665 S. Bayshore Dr Ste 601	CITY-ST-ZIP Coconut Grove FL 33133		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/5/08		305-285-5588
Date			Daytime Phone #		