## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007844

FILED Apr 28, 2009 Secretary of State

Entity Name: FACUNDO AND AMALIA BACARDI FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O RICHARD J. RAZOOK, ESQ. 133 SEVILLA AVENUE 2665 S. BAYSHORE DR. SUITE 601 CORAL GABLES, FL 33134 COCONUT GROVE, FL 33131

Current Mailing Address: New Mailing Address:

C/O RICHARD J. RAZOOK, ESQ. 133 SEVILLA AVENUE 2665 S. BAYSHORE DR. SUITE 601 CORAL GABLES, FL 33134 COCONUT GROVE, FL 33131

FEI Number: 20-4763176 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAZOOK, RICHARD J ESQ. C/O HUNTON & WILLIAMS, LLP 1111 BRICKELL AVENUE, SUITE 2500 MIAMI, FL 33131 US

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.

SIGNATURE:

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Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD( ) DeleteTitle:PD(X) Change ( ) AdditionName:BACARDI, FACUNDO LName:BACARDI, FACUNDO LAddress:2665 S. BAYSHORE DR. SUITE 601Address:133 SEVILLA AVENUE

City-St-Zip: COCONUT, FL 33133 City-St-Zip: CORAL GABLES, FL 33134

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 BACARDI, ELIZABETH
 Name:
 BACARDI, ELIZABETH

 Address:
 2665 S BAYSHORE DR STE 601
 Address:
 133 SEVILLA AVENUE

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:
 CORAL GABLES, FL 33134

Title: STD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LOVIE, CATHERINE H
 Name:

 Address:
 2665 S BAYSHORE DR STE 601
 Address:

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FACUNDO L. BACARDI PRES 04/28/2009