


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90071 031 ***150.00

DOCUMENT # P08000000065			
1. Entity Name SNOWFLAKES MANAGEMENT CO.			
Principal Place of Business 2665 SOUTH BAYSHORE DR., SUITE 601 COCONUT GROVE, FL 33133		Mailing Address 2665 SOUTH BAYSHORE DR., SUITE 601 COCONUT GROVE, FL 33133	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LORIE, CATHERINE H 2665 SOUTH BAYSHORE DR., SUITE 601 COCONUT GROVE, FL 33133		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	President
STREET ADDRESS		STREET ADDRESS	Facundo L. Bacardi
CITY-ST-ZIP		CITY-ST-ZIP	2665 S. Bayshore Dr Ste 601 Coconut Grove, FL 33133
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VP/Secy
STREET ADDRESS		STREET ADDRESS	Catherine H. Lorie
CITY-ST-ZIP		CITY-ST-ZIP	2665 S. Bayshore Dr Ste 601 Coconut Grove, FL 33133
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Treasurer / Asst Secy
STREET ADDRESS		STREET ADDRESS	Richard J Razook
CITY-ST-ZIP		CITY-ST-ZIP	2665 S. Bayshore Dr Ste 601 Coconut Grove, FL 33133
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 607, 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 _____		Date <u>3/7/08</u> Daytime Phone # <u>305-285-5588</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40092244



03052008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1649011 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required