

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000065

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: SNOWFLAKES MANAGEMENT CO.

## Current Principal Place of Business:

2665 SOUTH BAYSHORE DR., SUITE 601  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

133 SEVILLA AVENUE  
CORAL GABLES, FL 33134

## Current Mailing Address:

2665 SOUTH BAYSHORE DR., SUITE 601  
COCONUT GROVE, FL 33133

## New Mailing Address:

133 SEVILLA AVENUE  
CORAL GABLES, FL 33134

FEI Number: 26-1649011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LORIE, CATHERINE H  
2665 SOUTH BAYSHORE DR., SUITE 601  
COCONUT GROVE, FL 33133 US

## Name and Address of New Registered Agent:

LORIE, CATHERINE H  
133 SEVILLA AVENUE  
CORAL GABLES, FL 33134 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: \_\_\_\_\_

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BACARDI, FACUNDO  
Address: 2665 S BAYSHORE DR STE 601  
City-St-Zip: MIAMI, FL 33133

Title: VPS ( ) Delete  
Name: LORIE, CATHERINE H  
Address: 2665 S BAYSHORE DR STE 601  
City-St-Zip: MIAMI, FL 33133

Title: TAS ( ) Delete  
Name: RAZOOK, RICHARD J  
Address: 2665 S BAYSHORE DR STE 601  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BACARDI, FACUNDO  
Address: 133 SEVILLA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPS (X) Change ( ) Addition  
Name: LORIE, CATHERINE H  
Address: 133 SEVILLA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: TAS (X) Change ( ) Addition  
Name: RAZOOK, RICHARD J  
Address: 133 SEVILLA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FACUNDO L. BACARDI

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date