

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 31, 2007  
Secretary of State**

DOCUMENT# N97000002743

Entity Name: THE BACARDI FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

% C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

4620 LEE HIGHWAY  
SUITE 202  
ARLINGTON, VA 22207

**New Mailing Address:**

FEI Number: 54-1854752      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: CUTILLAS, MANUEL J  
Address: OLD FORT BAY, 12 E FORESHORE,  
City-St-Zip: NASSAU BAHAMAS, BA 22207

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS      ( ) Delete  
Name: DORIAN, GEORGE  
Address: 7922 HUNTERS GROVE DR  
City-St-Zip: JACKSONVILLE, FL 32256

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT      ( ) Delete  
Name: OBRIEN, ROBERT A  
Address: 4620 LEE HWY, SUITE 202  
City-St-Zip: ARLINGTON, VA 22207

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Delete  
Name: NIELSEN, LUCY  
Address: 111 CLARK AVE  
City-St-Zip: PALM BEACH, FL 33480

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: ROBERT A O'BRIEN

DT

08/31/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date