2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # J29628 01-07-2005 90002 028 ***150.00 CARÁCOLILLO COFFEE MILLS, INC. Principal Place of Business Mailing Address 4419 N. HESPERIDES 4419 N. HESPERIDES 50000399 TAMPA, FL 33614-7618 TAMPA, FL 33614-7618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 59-2723951 Not Applicable \$8.75 Additional Zip Country Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAEDO, MICHAEL 4419 N. HESPERIDES Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33614 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Detete TITLE ☐ Addition FAEDO, CARMEN NAME NAME STREET ADDRESS 2924 COLLINS ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL ☐ Delete ☐ Change Addition TITLE TITLE FAEDO, MICHAEL TITO NAME NAME 1908 W KENTUCKY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL ☐ Delete TITLE ☐ Change ☐ Addition TIEL F FAEDO, JULIAN LEE NAME NAME STREET ADDRESS STREET ADDRESS 8205 LA SERENA DR. CITY-ST-ZIP TAMPA, FL 33614 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE GONZALEZ, DANELLE C NAME NAME 1804 W. Saint Isabel St. 4126 N ALBANY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP ☐ Detele TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP ☐ Delete T/TI F ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Jan 07, 2005 8:00 am