## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J29628

Title:

Name:

Address:

City-St-Zip:

FILED Jan 06, 2006 Secretary of State

Entity Name: CARACOLILLO COFFEE MILLS, INC.					
Current Pr	incipal Place o	of Business:	New Principal Place	of Business:	
4419 N. HE TAMPA, FL	SPERIDES 336147618				
Current Ma	ailing Address	:	New Mailing Address	<b>::</b>	
4419 N. HESPERIDES TAMPA, FL 336147618					
FEI Number:	59-2723951	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
FAEDO, MICHAEL 4419 N. HESPERIDES TAMPA, FL 33614 US				4419 N. HESPERIDES	
The above in the State		ubmits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E: MICHAEL	FAEDO		01/06/2006	
Electronic Signature of Registered Agent			t	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () E FAEDO, CARMEI 2924 COLLINS S TAMPA, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () [ FAEDO, MICHAE 1908 W KENTUC TAMPA, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () EFAEDO, JULIAN 8205 LA SERENA TAMPA, FL 336	A DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

TREA

(X) Change ( ) Addition

DANELLE CHARISE GONZ, ALEZ

1804 W SAINT ISABEL ST

TAMPA, FL 33607

SIGNATURE: DANELLE C. GONZALEZ T 01/06/2006

() Delete

GONZALEZ, DANELLE C

TAMPA, FL 33607

1804 W SAINT ISABEL ST