

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J29628**

1. Entity Name  
**CARACOLILLO COFFEE MILLS, INC.**



Principal Place of Business  
**4419 N. HESPERIDES  
TAMPA, FL 33614-7618**

Mailing Address  
**4419 N. HESPERIDES  
TAMPA, FL 33614-7618**



04132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2723951**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MICHAEL T. FAEDO  
4419 N. HESPERIDES  
TAMPA, FL 33614**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	FAEDO, CARMEN
STREET ADDRESS	2924 COLLINS ST
CITY- ST- ZIP	TAMPA, FL
TITLE	VP
NAME	FAEDO, MICHAEL TITO
STREET ADDRESS	1908 W KENTUCKY
CITY- ST- ZIP	TAMPA, FL
TITLE	P
NAME	FAEDO, JULIAN LEE
STREET ADDRESS	8205 LA SERENA DR.
CITY- ST- ZIP	TAMPA, FL 33614
TITLE	TREA
NAME	DANELLE CHARISE GONZALEZ
STREET ADDRESS	1804 W SAINT ISABEL ST
CITY- ST- ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/30/07-80040-021 150.00

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:**

*Danelle Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/17/07*  
Date

Daytime Phone #