

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020516

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: ESPRESSO CAFFE CLUB, INC.

## Current Principal Place of Business:

424 NORTH SUNDANCE DRIVE  
LAKE MARY, FL 32746 US

## New Principal Place of Business:

1224 ASTORWOOD CT  
ALTAMONTE SPRINGS, FL 32714 US

## Current Mailing Address:

424 NORTH SUNDANCE DRIVE  
LAKE MARY, FL 32746 US

## New Mailing Address:

1224 ASTORWOOD CT  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-0664507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARRROCCOLI, FABIO  
424 NORTH SUNDANCE DRIVE  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

PROLLI, IVANO  
1224 ASTORWOOD CT  
ALTAMONTE SPRINGS, FL 32714 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: IVANO PROLLI

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARROCCOLI, FABIO  
Address: 424 N SUNDANCE DR  
City-St-Zip: LAKE MARY, FL 32746 US

Title: VP ( ) Delete  
Name: PROLLI, IVANO  
Address: 1224 ASTORWOOD CT.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: S (X) Delete  
Name: VITALI, MARZIA  
Address: 1224 ASTORWOOD CT.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: T (X) Delete  
Name: MARROCCOLI, MARIA  
Address: 424 N SUNDANCE DR  
City-St-Zip: LAKE MARY, FL 32746 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change ( ) Addition  
Name: PROLLI, IVANO  
Address: 1224 ASTORWOOD CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP,T (X) Change ( ) Addition  
Name: VITALI, MARIZA  
Address: 1224 ASTORWOOD CT.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IVANO PROLLI

P

01/03/2005

Electronic Signature of Signing Officer or Director

Date