


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000143213	
1. Entity Name ZEIN ESPRESSO ITALIA INC.	

Principal Place of Business 11648 PINE ACRES ROAD APT. 12 JACKSONVILLE, FL 32223	Mailing Address 11648 PINE ACRES ROAD APT. 12 JACKSONVILLE, FL 32223
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08312005 Chg-P CR2E034 (10/03) *Thypr*  
4. FEI Number **589-53-0643** Applied For  
Not Applicable

6. Name and Address of Current Registered Agent ZEIN ELABDIN, MOHAMMAD M 11648 PINE ACRES ROAD APT. 12 JACKSONVILLE, FL 32223
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZEIN ELABDIN, MOHAMMAD M 11648 PINE ACRES ROAD JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	00005380544 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/26/05--01002--006 ***550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MONA, SEHAM 11648 PINE ACRES ROAD JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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.

SIGNATURE: *M. Zein Elabdin* **Mohammad M. Zein Elabdin** 9-16-05 904-294-8811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
05 SEP 26 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

