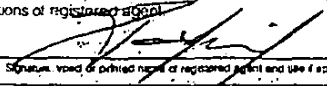
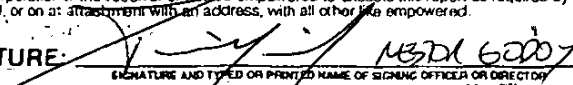


FILED
Mar 11, 2005 8:00 am
Secretary of State

02-09-2005 90038 048 ***150.00

2/9/2

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L42360 1. Entity Name ACCO INC.		
Principal Place of Business 12539 SW 128 ST MIAMI, FL 33186		Mailing Address 12539 SW 128 ST MIAMI, FL 33186
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GODOY, NESTOR V. 11320 SW 120 ST MIAMI, FL 33176		66004518  02012005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0182701 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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  (NOTE: Registered Agent signature required when re-registering) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE: PO NAME: GODOY, NESTOR V. STREET ADDRESS: 11320 SW 120 ST CITY-ST-ZIP: MIAMI, FL 33176		DO NOT WRITE IN THIS SPACE
TITLE: VD NAME: GODOY, ESPERANZA STREET ADDRESS: 11320 SW 120 ST CITY-ST-ZIP: MIAMI, FL 33176		
TITLE: VD NAME: AGUILAR, LEONARDO STREET ADDRESS: 13405 SW 113 CT CITY-ST-ZIP: MIAMI, FL 33176		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		
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:  MSDA 60007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 03/03/05 Daytime Phone: