

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000134289

1. Entity Name
PENCILS & MORE, INC.



Principal Place of Business
99-90 SOUTH WEST 224 ST., SUITE 207
MIAMI, FL 33190

Mailing Address
PO BOX 924834
HOMESTEAD, FL 33092



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1165675

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAPO, NELSON R
99-90 SOUTH WEST 224 ST., SUITE 207
HOMESTEAD, FL 33092

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CAPO, NELSON R
STREET ADDRESS 99-90 SOUTH WEST 224 ST., SUITE 207
CITY-ST-ZIP HOMESTEAD, FL 33092

TITLE STD
NAME ACOSTA, MOSES J
STREET ADDRESS 99-90 SOUTH WEST 224 ST., SUITE 207
CITY-ST-ZIP HOMESTEAD, FL 33092

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64 101 004-200 10-1105 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #