

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED

05 SEP 19 PM 12:34

CLERK OF STATE
TALLAHASSEE, FLORIDA



08212005 Chg-P CR2E034 (10/03)

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSDC
NAME CAPO NELSON R
STREET ADDRESS 99-90 SOUTH WEST 224 ST SUITE 207
CITY-ST-ZIP HOMESTEAD FL 33092 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500059746675
09/19/05--01054--011 ***150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Nelson R. Capo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/05
Date

887-4530160
305-235-4739
Daytime Phone #

**To: FLORIDA STATE DEPARTMENT
Secretary Of State
Glenda E. Hood
DIVISION OF CORPORATIONS
PO BOX 6327
Tallahassee, Florida 32314**

Dear Ms Hood:

**I am writing to you in reference to my company Pencils and More, Inc [REDACTED]
[REDACTED]. We had sent our payment for 150.00 back in april 2004 before the deadline
and it was mailed back to me with a form 2005 for profit corporation annual report
on may 2005 which we filled out and mailed back to you. I then received this notice
of intent to resolve and called your office and was told to write this letter with an
explanation.**

**Any questions please call me at 787 453-0160 as we do not want to dissolve this
company.**

**Thank you
Nelson Capo**

M