

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90006 036 \*\*\*150.00

DOCUMENT # P95000081852

1. Entity Name

SCRIVENER'S FINE PENS AND GIFTS, INC.



Principal Place of Business

54 MIRACLE MILE  
CORAL GABLES FL 33134

Mailing Address

54 MIRACLE MILE  
CORAL GABLES FL 33134

44000413



MOORE CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0615007

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD, MARK  
304 PALERMO AVE  
CORAL GABLES FL 33134

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

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State.**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: VD  
 NAME: BAROCAS, MARK  Delete  
 STREET ADDRESS: 54 MIRACLE MILE  
 CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE: STD  Delete  
 NAME: BAROCAS, LOVIS  
 STREET ADDRESS: 54 MIRACLE MILE  
 CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE: PD  Delete  
 NAME: GACH, DEBORAH  
 STREET ADDRESS: 54 MIRACLE MILE  
 CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE:  Change  Addition  
 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: *Deborah Gach* Deborah Gach August 18, 2004 305-495-1003  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #