

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000072597

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: S.T.D. ENTERPRISES OF NAPLES, INC.

**Current Principal Place of Business:**

3355 NW 41 STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

3355 NW 41 STREET  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 65-1027882      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, JEFFREY R ESQ.  
297 SUNNY ISLES BOULEVARD  
SUNNY ISLES BEACH, FL 33160      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MIJARES, LOUISA  
Address: 16414 NE 33RD AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33161

Title: D      ( ) Delete  
Name: MIJARES, RAMON  
Address: 16414 NE 33RD AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33161

Title: D      ( ) Delete  
Name: MIJARES, BERNARDO  
Address: 8270 NW 168TH STREET  
City-St-Zip: MIAMI, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUISA MIJARES

D

04/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date