

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000072597

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



Principal Place of Business  
3355 NW 41 STREET  
MIAMI, FL 33142

Mailing Address  
3355 NW 41 STREET  
MIAMI, FL 33142



**DO NOT WRITE IN THIS SPACE**

03072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1027882

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-05

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MIJARES, LOUISA  
STREET ADDRESS 16414 NE 33RD AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33161

TITLE D  
NAME MIJARES, RAMON  
STREET ADDRESS 16414 NE 33RD AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33161

TITLE D  
NAME MIJARES, BERNARDO  
STREET ADDRESS 8270 NW 168TH STREET  
CITY-ST-ZIP MIAMI, FL 33018

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/09/05-80031-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

LOUISA MIJARES

3-8-05 305-637-5547