

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90012 023 ***150.00

DOCUMENT # P02000131358

1. Entity Name
STYLUS KEYSTONE, CORP.



Principal Place of Business

2130 48 STREET SW
NAPLES, FL 34116

Mailing Address

PO BOX 141113
CORAL GABLES, FL 33114

54032473

2. Principal Place of Business

2192 44 ST SW

Suite, Apt. #, etc.

3. Mailing Address

2192 44 ST SW

Suite, Apt. #, etc.

04092004

Chg-P

CR2E034 (10/03)

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

27-0038842

Applied For

Not Applicable

Zip

34116

Country

USA

Zip

34116

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEREZ, YANYSLET PEREZ
2130 48 STREET SW
NAPLES, FL 34118

7. Name and Address of New Registered Agent

Name **YANYSLET PEREZ-ROBAINA**

Street Address (P.O. Box Number is Not Acceptable)

2192 44 ST SW

City **NAPLES FL**

FL

Zip Code **34116**

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	DP	<input type="checkbox"/> Delete
NAME	PEREZ, YANYSLET	
STREET ADDRESS	2130 48 STREET SW	
CITY-ST-ZIP	NAPLES, FL 34118	

TITLE	DV	<input type="checkbox"/> Delete
NAME	CRUZ, EULALIO	
STREET ADDRESS	2130 48 STREET SW	
CITY-ST-ZIP	NAPLES, FL 34118	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-ROBAINA, YANYSLET	
STREET ADDRESS	2192 44 ST SW	
CITY-ST-ZIP	NAPLES FL 34116	

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, EULALIO	
STREET ADDRESS	2192 44 ST SW	
CITY-ST-ZIP	NAPLES FL 34116	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04

Date

(239) 352-8933

Daytime Phone #