

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000096684

Entity Name: BLOOM SHINE BILINGUAL THERAPY INC

Current Principal Place of Business:

20000 ROYAL TERN CT
LEESBURG, FL 34748

Current Mailing Address:

20000 ROYAL TERN CT
LEESBURG, FL 34748 US

FEI Number: 85-4387507

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NIEVES, GISELA
20000 ROYAL TERN CT
LEESBURG, FL 34748 US

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

Officer/Director Detail :

Title DP
Name NIEVES, GISELA
Address 20000 ROYAL TERN CT
City-State-Zip: LEESBURG FL 34748

I hereby 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 all other like empowered.

SIGNATURE: GISELA D. NIEVES-PEREZ

OWNER

04/03/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date