

**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