
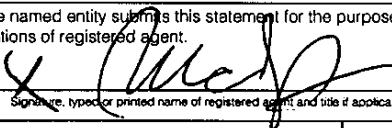
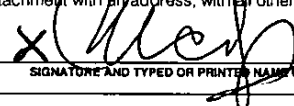


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90041 023 \*\*\*150.00

DOCUMENT # P0000052084					
1. Entity Name BUBBLES SWIMMING SCHOOL, INC.					
Principal Place of Business 305 GALEN DR # 207 KEY BISCAYNE, FL 33149			Mailing Address 305 GALEN DR # 207 KEY BISCAYNE, FL 33149		
2. Principal Place of Business 2600 SW 26 Ln Suite, Apt. #, etc.		3. Mailing Address 2600 SW 26 Ln Suite, Apt. #, etc.			
City & State Miami		City & State Miami		4. FEI Number 65-1023215	
Zip 33133		Country Dade		Applied For <input type="checkbox"/> Not Applicable	
Zip 33133		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, MARIELA 303 GALEN DR., APT 306 KEY BISCAYNE, FL 33149			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2600 SW 26 Ln City Miami FL Zip Code 33133		
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:  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REYES, MARIELA 305 GALEN DR # 207 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2600 SW 26 Ln Miami, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FRUCCO, CECILIA M 305 GALEN DR # 207 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trucco, Cecilia M 2600 SW 26 Ln Miami, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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					
				Date	Daytime Phone #