

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000016944

1. Entity Name
BRIGHT KIDS LEARNING CENTER, INC.



Principal Place of Business
195 NW 156 ST.
MIAMI, FL 33169

Mailing Address
13060 SW 106TH ST
MIAMI, FL 33186

FILED
Mar 12, 2007 08:00 AM
Secretary of State



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3610393

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, IVAN B
13060 SW 106 ST.
MIAMI, FL 33186

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARTIN, LUISA
13060 SW 106TH ST
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MARTIN, IVAN
13060 SW 106TH ST
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000662075
03/20/07-80068-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ivan B. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAN B. MARTIN

Date

3/9/07

Daytime Phone #

305 358 0645