2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000074915

1. Entity Name
BRIGHT START EDUCATIONAL CENTER INC.

Principal Place of Business	Mailing Address
514 W 51ST PL HIALEAH, FL 33012	514 W 51ST PL HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

01072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
27-0020764	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, NIDIA
7335 W 14TH CT
HIALEAH, FL 33014

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FIGUEROA, NIDIA
STREET ADDRESS	7335 W 14TH CT
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	V
NAME	COTERA, NIDIA D
STREET ADDRESS	7335 W 14TH CT
CITY-ST-ZIP	HIALEAH, FL 33014

U00000182017
01/19/05-80011-013 150.00

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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: _Nidia Figueroa_   1/7/05   (305) 823-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #