


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90011 041 ***150.00

DOCUMENT # P98000028528

1. Entity Name
BRIGHT STAR EXPORT CORP.



Principal Place of Business
**13251 SW 114TH TERR
 MIAMI, FL 33186**

Mailing Address
**13251 SW 114TH TERR
 MIAMI, FL 33186**

2. Principal Place of Business
13517 SW 102 LN
 Suite, Apt. #, etc.

3. Mailing Address
13517 SW 102 LN
 Suite, Apt. #, etc.

City & State
MIAMI FL


City & State
MIAMI, FL

Zip
33186

Country
US

Zip
33186

Country
US



03072006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0823154

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PIEDRAHITA, NATALIA
 13251 SW 114TH TERR
 MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PIEDRAHITA, NATALIA	
STREET ADDRESS	13251 SW 114TH TERR	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIEDRAHITA, BERNARDO	
STREET ADDRESS	13251 SW 114TH TERR	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATALIA PIEDRAHITA	
STREET ADDRESS	13517 SW 102 LN	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDO PIEDRAHITA	
STREET ADDRESS	13517 SW 102 LN	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **3/15/06 305-3866682**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #