


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90291 045 \*\*\*150.00

<b>DOCUMENT # P99000083756</b>					
<b>1. Entity Name</b> NEW STAR BRIGHT PRESCHOOL & KINDERGARTEN, INC.					
<b>Principal Place of Business</b> C/O JERALD SELEVAN 9801 COLLINS AVENUE APT. 7C MIAMI BEACH, FL 33154			<b>Mailing Address</b> C/O JERALD SELEVAN 9801 COLLINS AVENUE APT. 7C MIAMI BEACH, FL 33154		
<b>2. Principal Place of Business</b> 1565 N.E. 125 ST		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> NORTH MIAMI, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0950519	
<b>Zip</b> 33161		<b>Country</b> MIAMI-DADE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LIBERMAN, LEA 2699 STIRLING ROAD, SUITE A-305 FT LAUDERDALE, FL 33312			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> MARTIN, LUISA <b>STREET ADDRESS</b> 13060 SW 106TH STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PSTD <b>NAME</b> Jerald Selevan <b>STREET ADDRESS</b> 9801 Collins Ave., Apt. 7C <b>CITY-ST-ZIP</b> Miami Beach, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> SELEVAN, TRUDY <b>STREET ADDRESS</b> 9801 COLLINS AVENUE APT. 7C <b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33154	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> SELEVAN, JERALD <b>STREET ADDRESS</b> 9801 COLLINS AVE. APT. 7C <b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33154	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> MARTIN, IVAN <b>STREET ADDRESS</b> 13060 SW 106TH STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date <u>4/5/04</u> Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					