

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000009700

Entity Name: ALL 4 KIDZ THERAPY CENTER INC

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9126 GRIFFIN ROAD  
COOPER CITY, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

9126 GRIFFIN ROAD  
COOPER CITY, FL 33328

**New Mailing Address:**

FEI Number: 26-4169224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TORTORICI, AELEEN  
16480 SW 61 ST  
SW RANCHES, FL 33332 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TORTORICI, AELEEN  
Address: 16480 SW 61ST STREET  
City-St-Zip: SW RANCHES, FL 33332

Title: S  
Name: PACHEE, AIDA  
Address: 9126 GRIFFIN ROAD  
City-St-Zip: COOPER CITY, FL 33328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AELEEN TORTORICI

P

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date