

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008071

Entity Name: KIDZ 4 A CURE, INC.**Current Principal Place of Business:**5240 SW 26TH AVENUE
FORT LAUDERDALE, FL 33312**Current Mailing Address:**5240 SW 26TH AVENUE
FORT LAUDERDALE, FL 33312**FEI Number:** 47-4924664**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAM, LORRAINE M
5240 SW 26TH AVENUE
FORT LAUDERDALE, FL 33312 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	CRAM, LORRAINE M
Address	5340 SW 26TH AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	T
Name	SILBER, RACHEL K
Address	3907 SHERIDAN STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	D
Name	VOEHL, FRANK
Address	280 LAKE DRIVE
City-State-Zip:	COCONUT CREEK FL 33066

Title	D
Name	GRAVELINE, CHRIS
Address	8551 NW 138TH STREET #2103
City-State-Zip:	MIAMI LAKES FL 33016

Title	SECRETARY
Name	NADEAU, MICHELLE
Address	1 JACARANDA DRIVE SUITE 103
City-State-Zip:	PLANTATION FL 33324

Title	VP
Name	ISAACS, SIMONE
Address	5240 SW 26TH AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33312

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORRAINE M. CRAM**PRESIDENT****01/31/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date