

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000009700

**Entity Name:** ALL 4 KIDZ THERAPY CENTER INC

**Current Principal Place of Business:**

1931 NW 150 AVE  
#126  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

1931 NW 150 AVE  
SUITE #126  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 26-4169224

**Certificate of Status Desired:** No

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

TORTORICI, AELEEN  
1931 NW 150 AVE  
SUITE #126  
PEMBROKE PINES, FL 33028 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 P  
Name TORTORICI, AELEEN  
Address 1931 NW 150 AVE  
SUITE #126  
City-State-Zip: PEMBROKE PINES FL 33028

*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

**PRESIDENT**

**04/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date