

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000009700

Entity Name: ALL 4 KIDZ THERAPY CENTER INC

Current Principal Place of Business:

2710 DAVIE ROAD
DAVIE, FL 33314

Current Mailing Address:

2710 DAVIE ROAD
DAVIE, FL 33314 US

FEI Number: 26-4169224

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORTORICI, AELEEN
2710 DAVIE ROAD
DAVIE, FL 33314 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	Title	S
Name	TORTORICI, AELEEN	Name	PACHECO, AIDA
Address	2710 DAVIE ROAD	Address	2710 DAVIE ROAD
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	DAVIE FL 33314

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 GARRIDO-TORTORICI

PRESIDENT

04/10/2013

Electronic Signature of Signing Officer/Director Detail

Date