

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