

**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