

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P14000067830

**Entity Name:** TECH CARE FOR KIDS, INC.**Current Principal Place of Business:**1100 W MCNAB ROAD  
FORT LAUDERDALE, FL 33309**Current Mailing Address:**1100 W MCNAB ROAD  
FORT LAUDERDALE, FL 33309 US**FEI Number: 47-2079268****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENITEZ, EMILIO  
1100 W MCNAB ROAD  
FORT LAUDERDALE, FL 33309 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 CEO, PRESIDENT, OFFICER  
Name BENITEZ, EMILIO  
Address 1100 W MCNAB ROAD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title CFO, OFFICER  
Name GEDDES, AINSWORTH  
Address 1100 W MCNAB ROAD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title CHAIRMAN, DIRECTOR  
Name AMBROSE, SAMUEL  
Address 1100 W MCNAB ROAD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title SECRETARY, DIRECTOR  
Name ROGERS, JOSEPH  
Address 1100 W MCNAB ROAD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name MCCAWLEY, SIGRID  
Address 1100 W MCNAB ROAD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name MCDERMOTT, LISA  
Address 1100 W MCNAB ROAD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name MARMION, SARAH  
Address 1100 W MCNAB ROAD  
City-State-Zip: FORT LAUDERDALE FL 33309

*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: SAMUEL AMBROSE****CHAIRMAN****06/09/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date