

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000022466

**Entity Name:** ADA'S BEHAVIOR THERAPY INC

**Current Principal Place of Business:**

4837 SW 135TH CT  
MIAMI, FL 33175

**Current Mailing Address:**

4837 SW 135TH CT  
MIAMI, FL 33175 US

**FEI Number: 88-0951246**

**Certificate of Status Desired: No**

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

GARCIA PENA, ADA  
4837 SW 135TH CT  
MIAMI, FL 33175 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 GARCIA PENA, ADA  
Address 4837 SW 135TH CT  
City-State-Zip: MIAMI FL 33175

*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: ADA GARCIA PENA**

**PRESIDENT**

**01/24/2024**

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

\_\_\_\_\_  
Date