

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000047334

Entity Name: MY KID THERAPY CENTER,CORP

Current Principal Place of Business:

1180 N KROME AVE
HOMESTEAD, FL 33030

Current Mailing Address:

1180 N KROME AVE
HOMESTEAD, FL 33030 US

FEI Number: 47-4164753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUIROGA, MARIA E
1180 N KROME AVE
HOMESTEAD, FL 33030 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 VP
Name QUIROGA, MARIA E
Address 1180 N KROME AVE
City-State-Zip: HOMESTEAD FL 33030

Title P
Name CASTILLO, GRETTEL
Address 1180 N KROME AVE
City-State-Zip: HOMESTEAD FL 33030

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: GRETTEL CASTILLO

PRESIDENT

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date