

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000047334

**Entity Name:** MY KID THERAPY CENTER,CORP

**Current Principal Place of Business:**

5775 BLUE LAGOON DR  
SUITE # 325  
MIAMI, FL 33126

**Current Mailing Address:**

5775 BLUE LAGOON DR  
SUITE # 325  
MIAMI, FL 33126 US

**FEI Number:** 47-4164753

**Certificate of Status Desired:** Yes

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

QUIROGA, MARIA E  
5775 BLUE LAGOON DR  
SUITE # 325  
MIAMI, FL 33126 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        5775 BLUE LAGOON DR  
                  SUITE # 325  
City-State-Zip: MIAMI FL 33126

Title           P  
Name           CASTILLO, GRETTEL  
Address        5775 BLUE LAGOON DR  
                  SUITE # 325  
City-State-Zip: MIAMI FL 33126

*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**

**01/28/2025**

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

\_\_\_\_\_  
Date