

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000047334

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

**Current Principal Place of Business:**

49 NW 17 ST  
HOMESTEAD, FL 33030

**Current Mailing Address:**

49 NW 17 ST  
HOMESTEAD, FL 33030 US

**FEI Number: 47-4164753**

**Certificate of Status Desired: No**

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

QUIROGA, MARIA E  
4453 SW 159 CT  
MIAMI, FL 33185 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	P
Name	QUIROGA, MARIA E	Name	CASTILLO, GRETTEL
Address	4453 SW 159 CT	Address	21730 SW 131 CT
City-State-Zip:	MIAMI FL 33185	City-State-Zip:	MIAMI FL 33170

*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**

**01/21/2020**

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

\_\_\_\_\_  
Date