

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000082974

**Entity Name:** MOGAL KIDS THERAPY CENTER INC.

**Current Principal Place of Business:**

4509 BEE RIDGE ROAD, UNIT E  
SARASOTA, FL 34233

**Current Mailing Address:**

4509 BEE RIDGE ROAD, UNIT E  
SARASOTA, FL 34233 US

**FEI Number:** 92-0911074

**Certificate of Status Desired:** No

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

GRATEROL , IRANIA  
1071 S TUTTLE AVE  
SUITE 1  
SARASOTA, FL 34237 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:** IRANIA GRATEROL

02/05/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name YUSSET GALVEZ  
Address 4509 BEE RIDGE ROAD  
UNIT E  
City-State-Zip: SARASOTA FL 34233

Title PRESIDENT  
Name GALVEZ , ANGEL  
Address 4509 BEE RIDGE ROAD, UNIT E  
City-State-Zip: SARASOTA FL 34233

*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:** ANGEL GALVEZ

PRESIDENT

02/05/2025

Electronic Signature of Signing Officer/Director Detail

Date