

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000013731

**Entity Name:** TREVESTER CARE INC

**Current Principal Place of Business:**

923 SW 74TH AVE.  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

923 SW 74TH AVE.  
NORTH LAUDERDALE, FL 33068

**FEI Number:** 46-4906422

**Certificate of Status Desired:** No

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

SYLVESTER-NOEL, SARAH  
923 SW 74TH AVE.  
NORTH LAUDERDALE, FL 33068 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 NOEL, TREVOR  
Address 923 SW 74TH AVE.  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title S  
Name SYLVESTER-NOEL, SARAH  
Address 923 SW 74TH AVE.  
City-State-Zip: NORTH LAUDERDALE FL 33068

*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:** TREVOR NOEL

**DIRECTOR**

**04/10/2017**

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

\_\_\_\_\_  
Date