

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120507

FILED
Mar 12, 2005
Secretary of State

Entity Name: TROPICAL HEALTH & HOMECARE SERVICES, INC.

Current Principal Place of Business:

160 NW 176TH ST.
SUITE 406-1
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

160 NW 176TH ST.
SUITE 406-1
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 20-1137825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, CHEDDI V
655 IVES DAIRY RD.
APT. 417
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: LATIMER, JOANNA S
Address: 655 IVES DAIRY RD. APT. 417
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: P () Delete
Name: REID, CHEDDI V
Address: 655 IVES DAIRY RD. APT. 417
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOANNA S. LATIMER

CEO

03/12/2005

Electronic Signature of Signing Officer or Director

Date