

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90041 013 \*\*\*150.00

**DOCUMENT # P04000120507**

1. Entity Name  
**TROPICAL HEALTH & HOMECARE SERVICES, INC.**



Principal Place of Business  
**160 NW 176TH ST.  
SUITE 406-1  
MIAMI, FL 33169 US**

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

**40057288**



2. Principal Place of Business - No P.O. Box #

**160 NW 176 ST.  
Suite, Apt. #, etc.  
Suite 309  
City & State  
Miami Gardens FL**

3. Mailing Address

**160 NW 176 St.  
Suite, Apt. #, etc.  
Suite 309  
City & State  
Miami Gardens, FL**

04092007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-1137825**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip  
**33169**

Country  
**USA**

Zip  
**33169**

Country  
**USA**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Cheddi Reid President Cheddi Reid** **4/9/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete  
NAME **LATIMER, JOANNA S**  
STREET ADDRESS **655 IVES DAIRY RD. APT. 417**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE **P** ☐ Delete  
NAME **REID, CHEDDI V**  
STREET ADDRESS **655 IVES DAIRY RD. APT. 417**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE: **Cheddi Reid President** **4/9/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #