

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000080031

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** TROPICS HOME CARE SERVICES, INC.

**Current Principal Place of Business:**

9848 MAJESTIC WAY  
BOYNTON BEACH, FL 33437 US

**New Principal Place of Business:**

**Current Mailing Address:**

9848 MAJESTIC WAY  
BOYNTON BEACH, FL 33437 US

**New Mailing Address:**

**FEI Number:** 27-3574861

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENDEZ, JULIA  
9848 MAJESTIC WAY  
BOYNTON BEACH, FL 33437 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MENDEZ, JULIA  
Address: 9848 MAJESTIC WAY  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VP  
Name: MENDEZ, LEROY  
Address: 9848 MAJESTIC WAY  
City-St-Zip: BOYNTON BEACH, FL 33437 US

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:** JULIA MENDEZ

PRES

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date