

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000015410

**Entity Name:** T & A NOBLE CARE, CORP

**Current Principal Place of Business:**

3871 SW 52 AVE  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

3871 SW 52 AVE  
HOLLYWOOD, FL 33023

**FEI Number:** 86-2281895

**Certificate of Status Desired:** No

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

BROWN, TAMIKA  
3871 SW 52 AVE  
HOLLYWOOD, FL 33023 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 BROWN, TAMIKA  
Address 3871 SW 52 AVE  
City-State-Zip: HOLLYWOOD FL 33023

*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:** TAMIKA OLIVIA BROWN

CEO

04/26/2024

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

\_\_\_\_\_  
Date