

259272

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)205-0380

## From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (305)672-0686  
Fax Number : (305)672-9110

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DIVISION OF CORPORATIONS

## REGISTERED AGENT CHANGE

BROOKS TROPICALS, INC.

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation is: Brooks Tropicals, Inc.
2. The principal office address: 18400 SW 256TH ST  
HOMESTEAD FL 33031
3. The mailing address (if different): PO BOX 900160 HOMESTEAD FL 33090
4. Date of incorporation/qualification: 5/23/1962 Document Number: 259272
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
CORPORATION COMPANY OF MIAMI  
1600 MIAMI CENTER 201 S. BISCAYNE BLVD.  
MIAMI FL 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Corporate Creations Network Inc.  
11380 Prosperity Farms Road #221E  
(P.O. Box Not acceptable)  
Palm Beach Gardens FL 33410

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

N.P. SR BROOKS by T. Baez as attorney-in-fact  
(Printed or Typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

(Signature of Registered Agent)

11/8/06  
(Date)

If signing on behalf of an entity:

Taide Baez  
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc.  
941 Fourth Street  
Miami Beach FL 33139  
(305) 672-0686