

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000005676

Entity Name: BRACKET, INC.**Current Principal Place of Business:**201 ALHAMBRA CIRCLE, STE. 510
CORAL GABLES, FL 33134**Current Mailing Address:**201 ALHAMBRA CIRCLE, STE. 510
CORAL GABLES, FL 33134 US**FEI Number:** 46-4446954**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCAIN, DAVID ESQ.
201 ALHAMBRA CIRCLE, STE. 510
CORAL GABLES, FL 33134 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	CHRM/CEO
Name	KAISERMAN, DAVID
Address	201 ALHAMBRA CIR., STE. 510
City-State-Zip:	CORAL GABLES FL 33134

Title	P/COO
Name	TRUTNA, MARK
Address	201 ALHAMBRA CIR., STE. 510
City-State-Zip:	CORAL GABLES FL 33134

Title	EVP/STRATEGY AND CORP DEV
Name	FALK, CHRISTIAN
Address	201 ALHAMBRA CIR., STE. 510
City-State-Zip:	CORAL GABLES FL 33134

Title	EVP/CFO
Name	MALCOLM, WAYNEWRIGHT
Address	201 ALHAMBRA CIR., STE. 510
City-State-Zip:	CORAL GABLES FL 33134

Title	EVP/SEC. AND GENERAL COUNSEL
Name	MCCAIN, DAVID
Address	201 ALHAMBRA CIRCLE, STE. 510
City-State-Zip:	CORAL GABLES FL 33134

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: DAVID MCCAIN**EVP, SECRETARY, AND
GENERAL COUNSEL****02/16/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date