


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000000291
 1. Entity Name
 BROOKS TROPICAL PURCHASING, INC.



Principal Place of Business: 18400 SW 256 STREET, HOMESTEAD, FL 33031 US
 Mailing Address: P.O. BOX 900160, HOMESTEAD, FL 33090 US

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0377753 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION COMPANY OF MIAMI
 1600 MIAMI CENTER
 201 S BISCAYNE BLVD
 MIAMI, FL 33131

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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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROOKS, N.P. SR.
STREET ADDRESS	18400 SW 256 ST
CITY - ST - ZIP	HOMESTEAD, FL 33031
TITLE	S
NAME	WHEELING, CRAIG
STREET ADDRESS	18400 SW 256 STREET
CITY - ST - ZIP	HOMESTEAD, FL 33031
TITLE	AS
NAME	NUTTER, NANCY
STREET ADDRESS	18400 SW 256 ST
CITY - ST - ZIP	HOMESTEAD, FL 33031
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE: Nancy Nutter NANCY NUTTER Date: 4-7-05 Daytime Phone #: 305-247-3544
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR