

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000000291

**Entity Name:** BROOKS TROPICAL PURCHASING, INC.

**Current Principal Place of Business:**

18400 SW 256TH SREET  
HOMESTEAD, FL 33031

**Current Mailing Address:**

P.O. BOX 900160  
HOMESTEAD, FL 33090 US

**FEI Number:** 65-0377753

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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           | DIRECTOR           | Title           | SECRETARY          |
| Name            | BROOKS, NEAL P     | Name            | CASH, TRACY        |
| Address         | 18400 SW 256 ST    | Address         | 18400 SW 256 ST    |
| City-State-Zip: | HOMESTEAD FL 33031 | City-State-Zip: | HOMESTEAD FL 33031 |

Title ASST. SECRETARY, DIRECTOR,  
PRESIDENT

Name BRINDLE, WILLIAM

Address 18400 SW 256TH SREET

City-State-Zip: HOMESTEAD FL 33031

*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:** TRACY CASH

CFO

01/17/2024

Electronic Signature of Signing Officer/Director Detail

Date