FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91612 024 ***150.00

DOCUMENT # P00000104196

1. Entity Name
LITTLE WING ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2615 STAPLES AVE	2615 STAPLES AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY WEST FL	City & State: KEY WEST FL
Zip: 33040 Country: ~~USA~~	Zip: 33040 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1054978 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MATTHEW TRAHAN

Street Address (P.O. Box Number is Not Acceptable): 2615 STAPLES AVE

City: KEY WEST FL Zip Code: 33040

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.

SIGNATURE: MATTHEW TRAHAN 2/26/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

*11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. MATTHEW TRAHAN 2615 STAPLES AVE. Key West, FL. 33040
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHRISTINA SPURLOCK TRAHAN 2615 Staples Ave. Key West, FL 33040
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW TRAHAN PRESIDENT 2/26/02 305 296-8265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #