

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000034672

Entity Name: FLIGHT 69 GIN AND SPIRITS, INC.**Current Principal Place of Business:**3339 VIRGINIA STREET - PENTHOUSE 28
COCONUT GROVE, FL 33133**Current Mailing Address:**3339 VIRGINIA STREET - PENTHOUSE 28
COCONUT GROVE, FL 33133**FEI Number:** 45-5078379**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELGADO, RAUL G
10661 N. KENDALL DRIVE - SUITE 216
MIAMI, FL 33176 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	PD
Name	ARAGON, RENO
Address	2504 PENNYSHIRE LANE
City-State-Zip:	RALEIGH NC 27606

Title	VD
Name	CORONA, RAMON E
Address	3339 VIRGINIA STREET - PENTHOUSE 28
City-State-Zip:	COCONUT GROVE FL 33133

Title	D
Name	LAM, GALE
Address	3339 VIRGINIA STREET - PENTHOUSE 28
City-State-Zip:	COCONUT GROVE FL 33133

Title	D
Name	CORONA, RAMON
Address	3339 VIRGINIA STREET - PENTHOUSE 28
City-State-Zip:	COCONUT GROVE FL 33133

Title	SD
Name	DELGADO, RAUL G
Address	3339 VIRGINIA STREET - PENTHOUSE 28
City-State-Zip:	COCONUT GROVE FL 33133

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: RAUL G. DELGADO**REGISTERED AGENT****04/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date