

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000019502

Entity Name: FLIGHT TIGHTS INC**Current Principal Place of Business:**1234 S DIXIE HIGHWAY #1077
CORAL GABLES, FL 33146**Current Mailing Address:**1234 S DIXIE HIGHWAY #1077
CORAL GABLES, FL 33146 US**FEI Number:** 83-3953577**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ATKINS, BRITTANY
1234 S DIXIE HIGHWAY #1077
CORAL GABLES, FL 33146 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	DIR
Name	ATKINS, BRITTANY
Address	1234 S DIXIE HIGHWAY #1077
City-State-Zip:	CORAL GABLES FL 33146

Title	DIR
Name	PIERRE, MACKENSON
Address	1234 S DIXIE HIGHWAY #1077
City-State-Zip:	CORAL GABLES FL 33146

Title	P
Name	ATKINS, BRITTANY
Address	1234 S DIXIE HIGHWAY #1077
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	PIERRE, MACKENSON
Address	1234 S DIXIE HIGHWAY #1077
City-State-Zip:	CORAL GABLES FL 33146

Title	SEC
Name	PIERRE, MACKENSON
Address	1234 S DIXIE HIGHWAY #1077
City-State-Zip:	CORAL GABLES FL 33146

Title	TRE
Name	ATKINS, BRITTANY
Address	1234 S DIXIE HIGHWAY #1077
City-State-Zip:	CORAL GABLES FL 33146

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: BRITTANY ATKINS**DIRECTOR****04/01/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date