

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000031458

**Entity Name:** THE TRIP CONCIERGE CORP

**Current Principal Place of Business:**

2425 NE 194 STREET  
NORTH MIAMI, FL 33180

**Current Mailing Address:**

2425 NE 194 STREET  
NORTH MIAMI, FL 33180 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BEDA WAICH, LAURA  
2425 NE 194 STREET  
NORTH MIAMI, FL 33180 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            PRES  
Name            BEDA WAICH, LAURA  
Address        2425 NE 194 STREET  
City-State-Zip: NORTH MIAMI FL 33180

Title            VP/S  
Name            WAICH, MAX  
Address        2425 NE 194 STREET  
City-State-Zip: NORTH MIAMI FL 33180

*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:** LAURA BEDA WAICH

**PRESIDENT**

**02/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date