

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P03000149047

1. Entity Name  
AIR AGE CONSULTING SERVICES, INC.



Principal Place of Business  
4955 CHEROKEE AVENUE  
MIAMI BEACH, FL 33140 US

Mailing Address  
4955 CHEROKEE AVENUE  
MIAMI BEACH, FL 33140 US



02252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-4545972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEOPOLD, KORN & LEOPOLD, P.A.  
20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000856090  
03/27/08-80076-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P/D
NAME	EDELSTEIN, MARC
STREET ADDRESS	4955 CHEROKEE AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/6/08

Date

x 305-865-0623

Daytime Phone #