

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 07, 2008 08:00 A  
Secretary of State**

DOCUMENT # P05000010642

1. Entity Name  
ALUXURY AIRPORT SERVICE, INC.



Principal Place of Business  
PO BOX 16052  
PLANTATION, FLORIDA, 33318 US

Mailing Address  
PO BOX 16052  
PLANTATION, FLORIDA, 33318 US



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2449862	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

FALLICK, HOWARD L  
9156 VINEYARD LAKE DRIVE  
PLANTATION, FL 33324

**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 registering)

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

000000823379

04/17/08-80001-014 150.00

**10. OFFICERS AND DIRECTORS**

OFFICER/DIR	P
NAME	FALLICK, HOWARD L
STREET ADDRESS	9156 VINEYARD LAKE DRIVE
CITY, ST, ZIP	PLANTATION, FL 33324
OFFICER/DIR	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFFICER/DIR	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFFICER/DIR	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFFICER/DIR	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**DO NOT WRITE  
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 empowerments.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08

954 475 0505

Date

Daytime Phone #