


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**


**DOCUMENT # P93000076141**

1. Entity Name  
**AIR CONCIERGE, INC.**



Principal Place of Business <b>2677 FOREST HILL BLVD          SUITE 109          WEST PALM BEACH, FL 33406 US</b>	Mailing Address <b>2677 FOREST HILL BLVD          SUITE 109          WEST PALM BEACH, FL 33406 US</b>
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0444006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TOCCO, SALVATORE N  
 10830 GREENRIDGE LANE  
 PALM CITY, FL 34990**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TOCCO, SALVATORE N 10830 GREENRIDGE LANE PALM CITY, FL 34990</b>
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 05/21/07-80028-023 158.75

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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: Salvatore N. Tocco **4/30/07** **561-602-5882**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #