

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08125

FILED
Apr 19, 2008
Secretary of State

Entity Name: TRANS-AMERICA HOLDING CORPORATION

Current Principal Place of Business:

2222 PONCE DE LEON BLVD
SUITE 500
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2222 PONCE DE LEON BOULEVARD
SUITE 500
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0055606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHRMAN, JEFFREY E.
2222 PONCE DE LEON BLVD
SUITE 500
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEHRMAN, JEFFREY E,
Address: 2222 PONCE DE LEON BLVD #500
City-St-Zip: CORAL GABLES, FL 33134

Title: EVD () Delete
Name: HART, STACY R
Address: 2222 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY E. LEHRMAN

PRES

04/19/2008

Electronic Signature of Signing Officer or Director

_____ Date