


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000073518 1. Entity Name TRANS AMERICAN SEARCH ASSOCIATES, INC.	
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Principal Place of Business 9350 FONTAINEBLEAU BLVD. #313 MIAMI, FL 33172	Mailing Address 9350 FONTAINEBLEAU BLVD. #313 MIAMI, FL 33172
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**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2458744	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

TEJEIRO, ROSA M  
9350 FONTAINEBLEAU BLVD.  
# 313  
MIAMI, FL 33172

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

U00000689065  
04/11/07 20021-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEJEIRO, ROSA M 9350 FONTAINEBLEAU BLVD. # 313 MIAMI, FL 33172
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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: *Rosa M. Tejeiro* **ROSA M. TEJEIRO, PRES.** 03/29/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #