

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90018 050 \*\*\*150.00

**DOCUMENT # S14978**

1. Entity Name  
TRANSAIR LEASING, INC.



Principal Place of Business  
8033 N.W. 36TH STREET, SUITE 440  
MIAMI, FL 33166

Mailing Address  
8033 N.W. 36TH STREET, SUITE 440  
MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0287925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISICOFF, ERIC D.  
1101 BRICKELL AVENUE  
SUITE 800 SOUTH TOWER  
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

1200 BRICKELL AVENUE  
SUITE 1900

City MIAMI

FL

Zip Code  
33131

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete  
NAME RIBADENEIRA, DANIELA  
STREET ADDRESS 8033 NW 36TH ST., SUITE 440  
CITY-ST-ZIP MIAMI, FL

TITLE CD ☐ Delete  
NAME RIBADENEIRA, DIEGO  
STREET ADDRESS 8033 N.W. 36TH ST  
CITY-ST-ZIP MIAMI, FL 33166

TITLE P ☐ Delete  
NAME MENENDEZ, GEORGINA  
STREET ADDRESS 8033 NW 36TH ST., SUITE 440  
CITY-ST-ZIP MIAMI, FL

TITLE ST ☐ Delete  
NAME GARCIA, PRISCILLA F  
STREET ADDRESS 8033 NW 36TH ST SUITE 440  
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Priscilla F. Garcia*

Priscilla F. Garcia

2/20/2006

(305)597-9044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #