

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90054 013 ***158.75

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 - No P.O. Box # 8045 N.W. 36TH STREET		3. Mailing Address 8045 NW 36TH STREET	
Suite, Apt. #, etc. SUITE 500		Suite, Apt. #, etc. SUITE 500	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33166	Country U.S.A.	Zip 33166	Country U.S.A.
6. Name and Address of Current Registered Agent ISICOFF, ERIC D. 1101 BRICKELL AVENUE SUITE 800 SOUTH TOWER MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address, (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVE 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V <input type="checkbox"/> Delete NAME RIBADENEIRA, DANIELA STREET ADDRESS 8033 NW 36TH ST., SUITE 440 CITY-ST-ZIP MIAMI, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 8045 NW 36TH STREET, SUITE 500 NAME DORAL, FL 33166 STREET ADDRESS CITY-ST-ZIP		
TITLE CD <input type="checkbox"/> Delete NAME RIBADENEIRA, DIEGO STREET ADDRESS 8033 N.W. 36TH ST CITY-ST-ZIP MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 8045 N.W. 36TH STREET, SUITE 500 NAME DORAL, FL 33166 STREET ADDRESS CITY-ST-ZIP		
TITLE P <input type="checkbox"/> Delete NAME MENENDEZ, GEORGINA STREET ADDRESS 8033 NW 36TH ST., SUITE 440 CITY-ST-ZIP MIAMI, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 8045 NW 36TH STREET, SUITE 500 NAME DORAL, FL 33166 STREET ADDRESS CITY-ST-ZIP		
TITLE ST <input type="checkbox"/> Delete NAME GARCIA, PRISCILLA F STREET ADDRESS 8033 NW 36TH ST SUITE 440 CITY-ST-ZIP MIAMI, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 8045 NW 36TH STREET, SUITE 500 NAME DORAL, FL 33166 STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 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: <u>Priscilla Garcia</u> SEC/TRES. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/16/07 (305) 597-9044 Date Daytime Phone #	