

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90006 007 ***158.75

DOCUMENT # S14978

1. Entity Name

TRANSAIR LEASING, INC.



Principal Place of Business

8045 NW 36TH ST SUITE 500
DORAL FL 33166

Mailing Address

8045 NW 36TH ST SUITE 500
DORAL FL 33166

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0287925

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

ISICOFF, ERIC D.
1200 BRICKELL AVE
SUITE 1900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 8045 NW 36TH ST SUITE 500
CITY-ST-ZIP DORAL FL 33166

TITLE CD ☐ Delete
NAME RIBADENEIRA, DIEGO
STREET ADDRESS 8045 NW 36TH ST SUITE 500
CITY-ST-ZIP DORAL FL 33166

TITLE P ☐ Delete
NAME MENENDEZ, GEORGINA
STREET ADDRESS 8045 NW 36TH ST SUITE 500
CITY-ST-ZIP DORAL FL 33166

TITLE ST ☒ Delete
NAME GARCIA, PRISCILLA F
STREET ADDRESS 8045 NW 36TH ST SUITE 500
CITY-ST-ZIP DORAL FL 33166

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
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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 Section 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:

Georgina Menendez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08
Date

(305) 597-9044
Daytime Phone