

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006878

FILED
Apr 03, 2009
Secretary of State

Entity Name: TRANS AMERICAN AIRLINES, S.A.

Current Principal Place of Business:

8725 N.W. 18 TERRACE
SUITE 402
MIAMI, FL 33172 US

Current Mailing Address:

8725 N.W. 18 TERRACE
SUITE 402
MIAMI, FL 33172 US

FEI Number: 65-1058186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

8725 N.W. 18 TERRACE
SUITE 400 DORAL
MIAMI, FL 33172 US

New Mailing Address:

8725 N.W. 18 TERRACE
SUITE 400 DORAL
MIAMI, FL 33172 US

Name and Address of Current Registered Agent:

BROWN, WILLIAM
777 BRICKELL AVE
SUITE 1114
MIAMI, FL 33131 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: PD () Delete
Name: RATTI, DANIEL
Address: AVE. JOSE PARDO 831 PISO A
City-St-Zip: MIRAFLORES, LIMA 018, PERU, XX XX

Title: S () Delete
Name: FERRRADAS PLATAS, JULIO
Address: AVE. JOSE PARDO 831 PISO 4
City-St-Zip: MIRAFLORES, LIMA 018, PERU, XX XX

Title: D () Delete
Name: ORTIZ-MESSEGUER, LUIZ
Address: AVE. JOSE PARDO 831 PISO 4
City-St-Zip: MIRAFLORES, LIMA 018, PERU, XX XX

Title: D () Delete
Name: OLAYA, MAURICIO
Address: AVE. JOSE PARDO 831 PISO 4
City-St-Zip: MIRAFLORES, LIMA 018, PERU, XX XX

Title: VD () Delete
Name: PALOMO, JOAQUIN
Address: EDIFICIO TACA, BLVD. SUR SANTA ELENA
City-St-Zip: ANTIGUO CUSCATLAN, LA LIBERT, SV

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RATTI, DANIEL
Address: AVE. JOSE PARDO 831 PISO A
City-St-Zip: MIRAFLORES, LIMA 018, PERU, XX

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

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

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: LUIS ORTIZ-MESSEGUER

D

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date