

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005730

Entity Name: LAN PERU S.A.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

6500 NW 22 STREET
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

P O BOX 520846
MIAMI, FL 33152

New Mailing Address:

6500 NW 22 STREET
MIAMI, FL 33122

FEI Number: 52-2195500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YUNIS, PABLO
6500 NW 22 ST
MIAMI, FL 33122 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: RODRIGUEZ-LARRAIN, CESAR EMILIO
Address: AV. PARDO 513 - MIRAFLORES
City-St-Zip: LIMA 18 PERU,

Title: T () Delete
Name: GUTIERREZ, MARIA C
Address: AV. PARDO 513 - MIRAFLORES
City-St-Zip: LIMA 18 PERU,

Title: D () Delete
Name: HARTEN, JORGE
Address: AV. PARDO 513 - MIRAFLORES
City-St-Zip: LIMA 18 PERU,

Title: D () Delete
Name: GARCIA, ALEJANDRO
Address: AV. PARDO 513 - MIRAFLORES
City-St-Zip: LIMA 18 PERU,

Title: CEO () Delete
Name: VILCHES, JORGE
Address: AV PARDO 513 - MIRAFLORES
City-St-Zip: LIMA 18, PERU,

Title: D () Delete
Name: GALVEZ, LUIE E
Address: AV PARDO 513M MIRAFLORES
City-St-Zip: LIMA, PERU,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: JORGE VILCHES

CEO

02/26/2009

Electronic Signature of Signing Officer or Director

Date