

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003930

Entity Name: GOL DOMINICANA LINEAS AEREAS SAS, INC**Current Principal Place of Business:**EDUARDO VICIOSO. N 19. TORRE ROMANCE APT 7
BE;;A VOSTA
SANTOS DOMINGO, REPUBLICA DO,**Current Mailing Address:**EDUARDO VICIOSO. N 19. TORRE ROMANCE APT 7
BE;;A VOSTA
SANTOS DOMINGO, REPUBLICA DO, OC**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	P
Name	PEROTTI, JULIO
Address	EDUARDO VICIOSO. N 19. TORRE ROMANCE APT 7
City-State-Zip:	SANTOS DOMINGO, REPUBLICA DO

Title	VP
Name	MALAK, CHARLES
Address	EDUARDO VICIOSO. N 19. TORRE ROMANCE APT 7
City-State-Zip:	SANTOS DOMINGO, REPUBLICA DO

Title	S
Name	KARPAT, CLAUDIA
Address	EDUARDO VICIOSO. N 19. TORRE ROMANCE APT 7
City-State-Zip:	SANTOS DOMINGO, REPUBLICA DO

Title	T
Name	DE ANDRADE MARTINS, EDUARDO
Address	EDUARDO VICIOSO. N 19. TORRE ROMANCE APT 7
City-State-Zip:	SANTOS DOMINGO, REPUBLICA DO

Title	EXECUTIVE MANAGER OF FINANCE AND ADMINISTRATION
Name	VALDEZ, ZOILO A. SR.
Address	EDUARDO VICIOSO. N 19. TORRE ROMANCE APT BELLA VISTA.
City-State-Zip:	SANTO DOMINGO. DISTRITO NACIONAL 10147

I hereby 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 all other like empowered.

SIGNATURE: ZOILO ANTONIO VALDEZ PEREZ**EXECUTIVE MANAGER****01/07/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date