
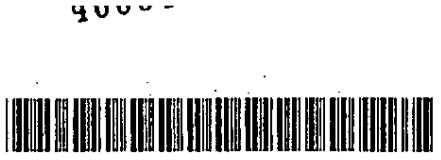


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90373 027 ***150.00

DOCUMENT # F05000005847					
1. Entity Name LAN ARGENTINA S.A. INC.					
Principal Place of Business AV. RAFAEL OBLIGADO y SALGUERO s/n COMPLEJO COSTA SALGUERO (C1425DAA) CAP. FED. - BS.AS. ARGENTINA			Mailing Address 6500 N.W. 22ND STREET MIAMI, FL 33122		
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 98-0471967	
6. Name and Address of Current Registered Agent EDUARDO RIQUELME, LUIS 6500 N.W. 22ND STREET MIAMI, FL 33122				7. Name and Address of New Registered Agent	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____				DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENITES, MANUEL M		NAME		
STREET ADDRESS	CALLE SUIPACHA 1111, PISO 18,		STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ, JORGE L		NAME		
STREET ADDRESS	CALLE SUIPACHA 1111, PISO 18,		STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUETO, IGNACIO		NAME		
STREET ADDRESS	CALLE SUIPACHA 1111, PISO 18,		STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,		CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOKIN, DAMIAN		NAME		
STREET ADDRESS	CALLE SUIPACHA 1111, PISO 18,		STREET ADDRESS		
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____			Date: 3-01-07		Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAMIAN SCOKIN		



01182007 Chg-P CR2E034 (12/06)
 4. FEI Number 98-0471967
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

SIGNATURE: _____ Date: 3-01-07 Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR