
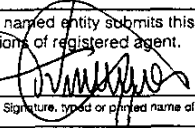
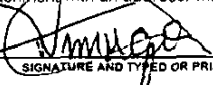


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90099 028 ***150.00

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|---|---|--|--|---|--|
| DOCUMENT # F97000004272 | | | |  | |
| 1. Entity Name TAM - LINHAS AEREAS, S.A. | | | | | |
| Principal Place of Business 5201 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126 | | | Mailing Address 5201 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0773334 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SALES, JOSE 5201 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126 | | | Name Talles Moreira Street Address (P.O. Box Number is Not Acceptable) 5201 Blue Lagoon Drive Suite 700 City Miami FL Zip Code 33126 | | |
| 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  | | Talles Moreira | | 2/8/06 | |
| (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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP | CM SALES, JOSE 5201 BLUE LAGOON DRIVE #700 MIAMI, FL 33126 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CM Moreira, Talles 5201 Blue Lagoon Drive, Ste 700 Miami, FL 33126 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | Talles Moreira | | 2/8/06 | |
| (Signature and typed or printed name of signing officer or director) | | Date | | (305) 477-5997 | |