## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F97000004272

Entity Name: TAM - LINHAS AEREAS, S.A.

**FILED** May 18, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5201 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126

**Current Mailing Address: New Mailing Address:** 

5201 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126

FEI Number: 65-0773334 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAMPOL, JOSE 5201 BLÚE LAGOON DRIVE SUITE 700 MIAMI, FL 33126 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Title: RFP ( ) Delete Title: **FMGR** ESPINOZA, MIGUEL VINICIOS MOREIRA, TALLES Name: Name:

5201 BLUE LAGOON DRIVE #700 5201 BLUE LAGOON DRIVE #700 Address: Address:

City-St-Zip: MIAMI, FL 33126 US City-St-Zip: MIAMI, FL 33126 US

Title: SMGR Title: SMGR (X) Change ( ) Addition () Delete

Name: CUNHA, LUIZ Name: TORRES, RUDSON

5201 BLUE LAGOON DRIVE #700 5201 BLUE LAGOON DRIVE #700 Address: Address:

MIAMI, FL 33126 US MIAMI, FL 33126 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: GMGR ( ) Delete DIR

SAMPOL, JOSE Name: SAMPOL, JOSE Name:

5201 BLUE LAGOON DRIVE #700 5201 BLUE LAGOON DRIVE #700 Address: Address:

City-St-Zip: MIAMI, FL 33126 US City-St-Zip: MIAMI, FL 33126 US

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: TALLES VINICIOS MOREIRA **FMGR** 05/18/2009