**FILED**
**Mar 06, 2006 8:00 am**
**Secretary of State**
03-06-2006 90009 017 ***150.00

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000005730

1. Entity Name
LAN PERU S.A.

Q0024360

| Principal Place of Business | Mailing Address |
|---|---|
| 6500 NW 22 STREET<br>MIAMI, FL 33122 | P O BOX 520846<br>MIAMI, FL 33152 |

01172006 Chg-P CR2E034 (11/05)

| 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 52-2195500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MONTESINOS, PABLO<br>6500 NW 22 STREET<br>MIAMI, FL 33122 | Name: RIQUELME, LUIS EDUARDO<br>Street Address (P.O. Box Number is Not Acceptable): 6500 N.W. 22 Street<br>City: Miami **FL** Zip Code: 33122 |

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 _____ DATE 03/01/06
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, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | PD<br>RODRIGUEZ-LARRAIN, CESAR EMILIO<br>AV. PARDO 513 - MIRAFLORES<br>LIMA 18 PERU, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PEREZ, BLANCA<br>AV. PARDO 513 - MIRAFLORES<br>LIMA 18 PERU, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARTEN, JORGE<br>AV. PARDO 513 - MIRAFLORES<br>LIMA 18 PERU, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GARCIA, ALEJANDRO<br>AV. PARDO 513 - MIRAFLORES<br>LIMA 18 PERU, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEO<br>DOMIC, VLAMIR<br>AV PARDO 513 - MIRAFLORES<br>LIMA 18, PERU, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GALVEZ, LUIE E<br>AV PARDO 513M MIRAFLORES<br>LIMA, PERU, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** _____ 03/01/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VLAMIR DOMIC
C.E.O