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Secretary of State

04-06-2007 90038 014 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F99000005730					
1. Entity Name LAN PERU S.A.					
Principal Place of Business 6500 NW 22 STREET MIAMI, FL 33122			Mailing Address P O BOX 520846 MIAMI, FL 33152		
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 52-2195500	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIQUELME, LUIS EDUARDO 6500 NW 22 ST MIAMI, FL 33122				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 RODRIGUEZ-LARRAIN, CESAR EMILIO AV. PARDO 513 - MIRAFLORES LIMA 18 PERU. ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, BLANCA AV. PARDO 513 - MIRAFLORES LIMA 18 PERU. ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUTIERREZ, MARIA CECILIA AV. PARDO 513 - MIRAFLORES LIMA, PERU ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTEN, JORGE AV. PARDO 513 - MIRAFLORES LIMA 18 PERU. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ALEJANDRO AV. PARDO 513 - MIRAFLORES LIMA 18 PERU. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DOMIC, VLAMIR AV PARDO 513 - MIRAFLORES LIMA 18, PERU. ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KRUGER, JUAN LUIS AV. PARDO 513 - MIRAFLORES LIMA, PERU ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALVEZ, LUIE E AV PARDO 513M MIRAFLORES LIMA, PERU. ☐ Delete	TITLE NAME STREET ADDRESS 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: _____			3-30-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		