

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26097

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: COMPANIA PANAMENA DE AVIACION, S.A.

## Current Principal Place of Business:

1313 PONCE DE LEON BLVD  
SUITE 201  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

1313 PONCE DE LEON BLVD  
SUITE 201  
CORAL GABLES, FL 33134 US

## New Mailing Address:

FEI Number: 98-0105127      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVAREZ, PEDRO  
WACHOVIA FINANCIAL CENTER, SUITE 4900  
200 SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VIAL, VICTOR  
Address: COMPLEJO BUSINESS PARK-TORRE NORTE  
City-St-Zip: URB. COSTA DEL ESTE, PANAMA,, 00 R.OF PAN. 00

Title: V ( ) Delete  
Name: ARIAS A, RICARDO A  
Address: VIA ESPANA #200  
City-St-Zip: PANAMA, REP. OF PAN., 00 00 00

Title: SD ( ) Delete  
Name: HEILBRON, PEDRO  
Address: COMPLEJO BUSINESS PARK-TORRE NORTE  
City-St-Zip: URB. COSTA DEL ESTE, PANAMA,, 00 R.OF PAN. 00

Title: TD ( ) Delete  
Name: HEILBRON, OSVALDO  
Address: VIA ESPANA #200  
City-St-Zip: PANAMA, REP. OF PAN., 00 00 00

Title: PD ( ) Delete  
Name: MOTTA, STANLEY  
Address: ISABEL AVE & ROSSEVELT #14  
City-St-Zip: PANAMA, REP. OF PAN., 00 00 00

Title: D ( ) Delete  
Name: ARIAS, C. JAIME  
Address: ESPANA #200  
City-St-Zip: PANAMA, REP. OF PAN., 00 00 00

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VICTOR VIAL

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date