2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

NATURE AND

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90100 020 ***150.00 DOCUMENT #P28060 1. Entity Name LAN CARGO S.A. 60022707 Principal Place of Business Mailing Address 6500 NW 22ND STREET P.O. BOX 520846 AMF MIAMI, FL 33122 MIAMI, FL 33152 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 98-0058786 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MENCIO, JUAN C Street Address (P.O. Box Number is Not Acceptable) 6500 NW 22ND STREET MIAMI, FL 33122 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PCEO** TITLE TITLE Change Delete ☐ Addition NAME URETA, CHRISTIAN NAME 6500 NW 22 STREEET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Charige Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 ipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if s, with all other like empowered. 12. I hereby certify that the information supplied w indicated on this report or suppremental report of the corporation or the receiver or trustee en changed, or on an attachment with an address

CRISTIAN URETA

FILED

Davirne Phone it