FILED
May 05, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P33131

1. Entity Name
VIACAO AEREA SAO PAULO S.A.

Principal Place of Business	Mailing Address
PRACA COMTE - LINEU GOMES, S/NC EDIFICIO VASP SAO PAULO, 04626-910 OC	PRACA COMTE - LINEU GOMES, S/NC EDIFICIO VASP SAO PAULO, 04626-910 OC

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04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-1723430

Applied For ☐ Not Applicable ☐

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 authorize the obligations of registered agent.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE is $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AZEVEDO, WAGNER C
STREET ADDRESS	PRACA COMTE - LINEU GOMES, S/NC
CITY-ST-ZIP	SAO PAULO 04626910
TITLE	VD
NAME	AZEVEDO, RODOLFO C
STREET ADDRESS	PRACA COMTE LINEU GOMES, S/NC
CITY-ST-ZIP	SAO PAULO, 04626910
TITLE	D
NAME	JULIANI, EGLAIR T
STREET ADDRESS	PRACA COMTE - LINEU GOMES, S/NC
CITY-ST-ZIP	SAO PAULO, 04626910
TITLE	D
NAME	RIBEIRO JOSE
STREET ADDRESS	PRACA COMTE - LINEU GOMES, S/NC
CITY-ST-ZIP	SAO PAULO, 04626910
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 alphabetical designation like "A" or "B".

SIGNATURE: 04-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #