2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008
Secretary of State

DOCUMENT# F00000001528

Entity Name: BATANGA, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., SUITE 800
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., SUITE 800
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0966132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

BENOIT, JEAN L
2121 PONCE DE LEON BLVD
SUITE 800
CORAL GABLES, FL 33134 US

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: JEAN L BENOIT 06/09/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: URBINA, RAFAEL CEO
Address: 2121 PONCE DE LEON BLVD., SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: COO ( ) Delete
Name: MCCONNELL, TROY
Address: 2121 PONCE DE LEON BLVD., SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: CFO ( ) Delete
Name: SANTAELLA, HECTOR
Address: 2121 PONCE DE LEON BLVD., SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: KIM, JOHN
Address: 2121 PONCE DE LEON BLVD., SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: ROSENBERG, STEVEN
Address: 2121 PONCE DE LEON BLVD., SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: BOEHM, BRUCE
Address: 2121 PONCE DE LEON BLVD., SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

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: HECTOR SANTAELLA CFO 06/09/2008
Electronic Signature of Signing Officer or Director Date