


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90380 018 ***150.00

DOCUMENT # H03738
 1. Entity Name
BATAN MIAMI CORP.



Principal Place of Business C/O PACIFIC R E MGMT CORP 2600 DOUGLAS ROAD #1004 MIAMI, FL 33145 US	Mailing Address C/O PACIFIC R E MGMT CORP 2600 DOUGLAS ROAD #1004 MIAMI, FL 33145 US
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40061632



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3227527	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**MURAI,WALD,BIONDO,MATTHEWS & MORENO, PA
 25 S.E. SECOND AVENUE, SUITE #900
 MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEL CARMEN MORIA, MARIA 2600 DOUGLAS ROAD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ISAIAS, ROBERTO 2600 DOUGLAS ROAD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ISAIAS, WILLIAM 2600 DOUGLAS ROAD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ISAIAS, ESTEFANO 2600 DOUGLAS ROAD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 address, with all other like empowered.

SIGNATURE:  **MARIA DEL CARMEN MORIA** **04.12.2005** **3055292488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #