

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90031 040 ***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	
2. Principal Place of Business 396 ALHAMBRA CIRCLE		3. Mailing Address 396 ALHAMBRA CIRCLE	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100	
City & State CORAL GABLES FL		City & State CORAL GABLES FL	
Zip 33134 Country		Zip 33134 Country	
6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA 25 S.E. SECOND AVENUE, SUITE #900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name MURAI WALD BIONDO MORENO & BROCHIN Street Address (P.O. Box Number is Not Acceptable) TWO ALHAMBRA PLAZA PENTHOUSE 1B City CORAL GABLES FL Zip Code 33134	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEL CARMEN MORIA, MARIA 2600 DOUGLAS ROAD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARIA DEL CARMEN MORIA 396 ALHAMBRA CIRCLE STE 100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ISAIAS, ROBERTO 2600 DOUGLAS ROAD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 396 ALHAMBRA CIRCLE STE 100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ISAIAS, WILLIAM 2600 DOUGLAS ROAD CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 396 ALHAMBRA CIRCLE STE 100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ISAIAS, ESTEFANO 2600 DOUGLAS ROAD CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 396 ALHAMBRA CIRCLE STE 100 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		Date 02/09/2006 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			