


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # H03738 1. Entity Name BATAN MIAMI CORP. |  |
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| Principal Place of Business C/O PACIFIC R E MGMT CORP 396 ALHAMBRA CIR 100 MIAMI, FL 33145 US | Mailing Address C/O PACIFIC R E MGMT CORP 396 ALHAMBRA CIR 100 MIAMI, FL 33145 US |
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01182007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 13-3227527 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA TWO ALHAMBRA PLAZA PINTHOUSE 1B MIAMI, FL 33134 |
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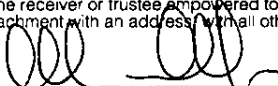
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |
| SIGNATURE _____ <small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
| DATE _____ |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DEL CARMEN MORIA, MARIA 396 ALHAMBRA CIR STE 100 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP ISAIAS, ROBERTO 396 ALHAMBRA CIR STE 100 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT ISAIAS, WILLIAM 396 ALHAMBRA CIR STE 100 MIAMI, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ISAIAS, ESTEFANO 396 ALHAMBRA CIR STE 100 MIAMI, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>U00000707254 04/24/07-80067-015 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date 04/13/2007 <small>Daytime Phone #</small> |