



2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # H03738	
1. Entity Name BATAN MIAMI CORP.	

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)

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

6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA
 TWO ALHAMBRA PLAZA PINHOUSE 1B
 MIAMI, FL 33134

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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 _____ 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, 2007 Fee will be \$550.00

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

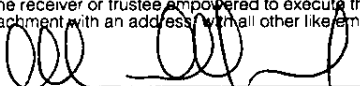
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEL CARMEN MORIA, MARIA
STREET ADDRESS	396 ALHAMBRA CIR STE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DVP
NAME	ISAIAS, ROBERTO
STREET ADDRESS	396 ALHAMBRA CIR STE 100
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DT
NAME	ISAIAS, WILLIAM
STREET ADDRESS	396 ALHAMBRA CIR STE 100
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	DS
NAME	ISAIAS, ESTEFANO
STREET ADDRESS	396 ALHAMBRA CIR STE 100
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000707254
 04/24/07-80067-015 150.00

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:  **04/13/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #