


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91058 003 ***150.00

DOCUMENT # P93000045675

1. Entity Name
R. BATALLA CORP.



34082430

Principal Place of Business
**20335 W. COUNTRY CLUB DRIVE
 UNIT 2201
 NORTH MIAMI BEACH, FL 33180**

Mailing Address
**395 ALHAMBRA CIRCLE., STE 301
 CORAL GABLES, FL 33134**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**1570 Madruga Ave
 211**

Suite, Apt. #, etc.
211

04232004 Chg-P CR2E034 (10/03)

City & State
Coral Gables, FL

4. FEI Number
58-2244233

Applied For
 Not Applicable

Zip
33146

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOPEZ-GARCIA, JORGE L
 395 ALHAMBRA CIRCLE., STE 301
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
Jorge L. Lopez-Garcia.

Street Address (P.O. Box Number is Not Acceptable)
1570 Madruga Ave, Suite 211

City
Coral Gables FL Zip Code
33146

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 *Jorge L. Lopez-Garcia* DATE **4/20/04**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT DE BATALLA, ANA ISABEL G 20335 W. COUNTRY CLUB DR., #UNIT 2201 NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BATALLA, JULIAN A 20335 W. COUNTRY CLUB DR., #UNIT 2201 NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 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: *Ana de Batalla* DATE: **4/20/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

305-662-2525
Daytime Phone #