

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91058 004 ***150.00

DOCUMENT # P93000045681

1. Entity Name
B.A.T.A. CORP.



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**

94082497



2. Principal Place of Business

3. Mailing Address
1570 Madruga Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.
211

04232004 Chg-P CR2E034 (10/03)

City & State

City & State
Coral Gables, FL

4. FEI Number
65-0678370

Applied For
Not Applicable

Zip

Country

Zip
33146

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ-GARCIA, JORGE L
395 ALHAMBRA CIRCLE., STE 301
CORAL GABLES, FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jorge L. Lopez-Garcia

4/30/04

**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 DRIVE, #2201
NORTH MIAMI BEACH, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
BATALLA, JULIAN A
20335 W. COUNTRY CLUB DRIVE
NORTH MIAMI BEACH, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04
305-662-2525

(Director)