

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3227527	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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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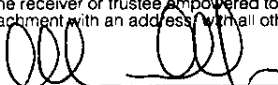
DO NOT WRITE IN THIS SPACE

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 _____

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
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10. OFFICERS AND DIRECTORS	
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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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 04/13/2007	Daytime Phone # _____