


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90442 042 ***150.00

DOCUMENT # P02000032177 1. Entity Name Batista Enterprises, Corp.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 711 NW 23rd Ave Suite, Apt. #, etc. Suite 301 City & State Miami, FL Zip 33125	Country Miami-Dade	3. Mailing Address 711 NW 23rd Ave Suite, Apt. #, etc. Suite 301 City & State Miami, FL Zip 33125	Country Miami-Dade
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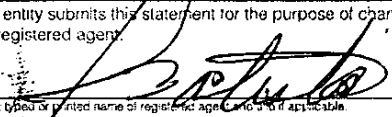
4. FEI Number 01-0643317	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	Segundo Batista
	Street Address (P.O. Box Number is Not Acceptable)	711 NW 23rd Ave Suite 301
	City	Miami, FL Zip Code 33125

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.

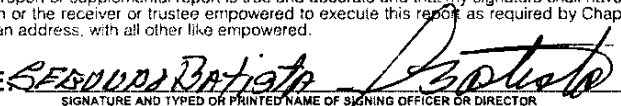
SIGNATURE  DATE 4/17/06

Signature, typed or printed name of registered agent, not to be applicable (NOTE: Registered Agent signature required when re-designating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Segundo Batista / STD 711 NW 23rd Ave Suite 301 Miami, FL 33125	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Leticia Libera / PVD 711 NW 23rd Ave Suite 301 Miami, FL 33125	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE  DATE 4/17/06 DAYTIME PHONE # 305)849-0245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

305)849-0245