

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90106 026 ***158.75

DOCUMENT # P03000074260					
1. Entity Name BATISTA, INC					
Principal Place of Business 7967 W 8 AVE HIALEAH, FL 33016			Mailing Address 7967 W 8 AVE HIALEAH, FL 33016		
2. Principal Place of Business 7967 W 28 AVE		3. Mailing Address 7967 W 28 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA		4. FEI Number 55-0839947	
Zip 33016		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, HUGO 8425 NW 170TH ST. MIAMI, FL 33015			7. Name and Address of New Registered Agent Name: OMAR FERNANDEZ Street Address (P.O. Box Number is Not Acceptable): 2486 W 74ST City: HIALEAH, FL FL Zip Code: 33016		
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: 2-20-06					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, HUGO 8425 NW 170TH ST. MIAMI, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OMAR FERNANDEZ 2486 W 74ST HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: DATE: 2-20-06 Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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