


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90022 027 ***158.75

DOCUMENT # P93000086669	
1. Entity Name BATISTA INVESTMENT CORPORATION	

Principal Place of Business 13911 SW 42 STREET #209 MIAMI FL 33175	Mailing Address 13571 SW 40TH LN MIAMI FL 33175
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2. Principal Place of Business		3. Mailing Address 13911 SW 42 Street	
Suite, Apt. #, etc. 208		Suite, Apt. #, etc. 208	
City & State		City & State Miami FL	
Zip 33175	Country	Zip 33175	Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent BATISTA, JULIO G 13571 SW 40TH LANE MIAMI FL 33175		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

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 *Julio G Batista* DATE 2/10/06

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME BATISTA, JULIO G		NAME	
STREET ADDRESS 13571 SW 40TH LN		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME BATISTA, JULIO C		NAME	
STREET ADDRESS 13309 SW 36 STREET		STREET ADDRESS 13310 SW 36 Street	
CITY-ST-ZIP MIAMI FL 33175		CITY-ST-ZIP Miami FL 33175	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Julio G Batista - Pres.* DATE: 2/10/06 305-207-9799

(Signature and typed or printed name of signing officer or director)