

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000000676

1. Entity Name  
CARLOS A. BATLLE, P.A.



Principal Place of Business  
200 SOUTH BISCAYNE BLVD.  
SUITE 4000  
MIAMI, FL 33131-2398

Mailing Address  
200 SOUTH BISCAYNE BLVD.  
SUITE 4000  
MIAMI, FL 33131-2398

**FILED**  
04 APR 14 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0463695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BATLLE, CARLOS A  
200 S. BISCAYNE BLVD.  
SUITE 4000  
MIAMI, FL 33131-2398

**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, 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	D BATLLE, CARLOS A 200 S. BISCAYNE BLVD., SUITE 4000 MIAMI, FL 331312398
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300039451103  
04/21/04--01060--021 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Carlos A. Batlle* - Carlos A. Batlle, Secretary  
12, 2004

305 577 2921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TR