


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90194 038 ***158.75

DOCUMENT # P95000037063 1. Entity Name BATUR CORPORATION	
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Principal Place of Business 444 BRICKELL AVE. SUITE 51-246 MIAMI, FL 33131	Mailing Address 444 BRICKELL AVE. SUITE 51-246 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

60033987



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0579002	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent IBC FIDUCIARY INC. 100 SE 2ND STREET SUITE 2222-A MIAMI, FL 33131

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BICAKER, M 444 BRICKELL AVE., #51-246 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUH, A 444 BRICKELL #51-246 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BICAKER, N. 444 BRICKELL AVE. #51-246 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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	4/24/2008 Date	305.358.4444 Daytime Phone #
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