


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90014 005 ***150.00

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| DOCUMENT # P96000089926 |  |
| 1. Entity Name BATES-APPEL, INC. | |

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| Principal Place of Business 19495 BISCAYNE BLVD., STE. 301 AVENTURA, FL 33180 | Mailing Address 19495 BISCAYNE BLVD., STE. 301 AVENTURA, FL 33180 |
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| 2. Principal Place of Business 4770 Biscayne Blvd Suite, Apt. #, etc. 670 City & State Miami Florida Zip 33137 Country USA | 3. Mailing Address 4770 Biscayne Blvd Suite, Apt. #, etc. 670 City & State Miami, Florida Zip 33137 Country USA |
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01162006 Chg-P CR2E034 (11/05)

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| 6. Name and Address of Current Registered Agent APPEL, GARY A 19495 BISCAYNE BLVD., STE.301 AVENTURA, FL 33180 | |
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| 4. FEI Number 65-0710489 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) 4770 Biscayne Blvd #670 | |
| City Miami | FL Zip Code 33137 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TDP APPEL, GARY A 19495 BISCAYNE BLVD., STE. 301 AVENTURA, FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4770 Biscayne Blvd #670 Miami, Florida 33137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP BATES, CHRISTOPHER 19495 BISCAYNE BLVD., STE. 301 AVENTURA, FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4770 Biscayne Blvd #670 Miami, Florida 33137 |
| 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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| 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 |

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:  1/16/06 305-5760033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #