


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90022 039 \*\*\*150.00

<b>DOCUMENT # F01000003432</b>	
1. Entity Name ASSETS MANAGEMENT OF PUERTO RICO, INC.	

Principal Place of Business VILLA NEVAREZ NEVAREZ STREET 38 SAN JUAN PUERTO RICO, PR 00927	Mailing Address P O BOX 363593 SAN JUAN PUERTO RICO, PR 00936-3593
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2. Principal Place of Business VILLA NEVAREZ	3. Mailing Address PO BOX 363593
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Suite, Apt. #, etc. NEVAREZ STREET 38	Suite, Apt. #, etc.
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City & State SAN JUAN, PR	City & State SAN JUAN, PR
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Zip 00927	Country	Zip 00936-3593	Country
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01112006 Chg-P CR2E034 (11/05)

4. FEI Number 66-0473588	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CFRA, LLC ONE HARBOUR PLACE 777 HARBOUR ISLAND BLVD, 5TH FLOOR TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P VILARO-SUAREZ, LUIS VILLAS DE PARANA S4-9 CALLE 3 SAN JUAN PUERTO RICO, PR 009266048 <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	T PEDRAZA-RIVAS, JOSE G URB. BORINQUEN GARDENS FF-13 MAGNOLIA SAN JUAN PUERTO RICO, PR 00927 <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	S PANTOJA-VELEZ, MIGUEL PARC AMADEO 90 CALLE A VEGA BAJA PUERTO RICO, PR 00693 <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
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

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 a address, with all other like empowered.

**SIGNATURE: JOSE G. PEDRAZA-RIVAS, TREASURER** **JANUARY 18, 06** **1-787-765-3135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #