


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000114997 1. Entity Name PETRA HOLDINGS, LLC	
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Principal Place of Business 110 N. FEDERAL HIGHWAY UNIT 908 FT LAUDERDALE FL 33301	Mailing Address PO BOX 30459 FT LAUDERDALE FL 33303
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc
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1st MOORE CR2E083 (10/06)

City & State Zip	City & State Zip	4. FEI Number 20-3870048	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent SALAH, GINO 110 N. FEDERAL HIGHWAY UNIT 908 FT LAUDERDALE FL 33301	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City
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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 *GINO SALAH* DATE April 3 2007

Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE NAME	MGRM SALAH, GINO	<input type="checkbox"/>
STREET ADDRESS	110 N. FEDERAL HIGHWAY, #908	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *GINO SALAH* DATE April 3 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #