


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000091366 1. Entity Name PETRVS HOLDINGS, INC.	
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FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business 1150 NW 72ND AVE PH MIAMI, FL 33126	Mailing Address 1150 NW 72ND AVE PH MIAMI, FL 33126
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04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1128281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BRODIE, SIDNEY Z 7270 NW 12TH ST, PH-I MIAMI, FL 33126

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DP CAPO, ALEJANDRO 1414 NW 107TH AVE, 4TH FLOOR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MIRANDA, DANIEL 1414 NW 107TH AVE, 4TH FLOOR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS REYES, RAFAEL 1414 NW 107TH AVE, 4TH FLOOR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000552402
05/15/06-80009-025 150.00

**DO NOT WRITE
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

04/24/2006
Date

305-513-0501
Daytime Phone #