2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000091366

1. Entity Name
PETRVS HOLDINGS, INC.

Principal Place of Business	Mailing Address
1150 NW 72ND AVE PH MIAMI, FL 33126	1150 NW 72ND AVE PH MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

04162008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1128281

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRODIE, SIDNEY Z
7270 NW 12TH ST, PH-I
MIAMI, FL 33126

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000943307
05/29/08-80053-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CAPO, ALEJANDRO
STREET ADDRESS	1414 NW 107TH AVE, 4TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DT
NAME	MIRANDA, DANIEL
STREET ADDRESS	1414 NW 107TH AVE, 4TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DVPS
NAME	REYES, RAFAEL
STREET ADDRESS	1414 NW 107TH AVE, 4TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33172
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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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: _____ 4/25/2008 (305) 513-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #