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Secretary of State

04-30-2004 90316 016 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P0000096761 1. Entity Name PUERTO RICO HOLDINGS, INC.	
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Principal Place of Business C/O MANUEL M. ARVESU, P.A. 201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134	Mailing Address PO BOX 3450 201 ALHAMBRA CIR, STE 502 MAYAGUEZ, PR 00661
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR25034 (10/03)

4. FEI Number 65-1127184	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

ARVESU, MANUEL M ESQ
201 ALHAMBRA CIR, STE 502
CORAL GABLES, FL 33134

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I, The above named entity fulfill 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signatures required in certain filings.) DATE

FILE MONTH FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

8. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINONEZ, PEDRO 201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, MIGUEL 201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied upon this filing does not qualify for the exemption stated in Section 119.07(2)(d), 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 107, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other fee imposed.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR