


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90250 002 ***158.75

DOCUMENT # P0000096761

1. Entity Name
 PUERTO RICO HOLDINGS, INC.



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 00681

50018699



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

04212006 Chg-P CR2E034 (11/05)

4. FEI Number
 65-1127184

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
 NAME QUINONEZ, PEDRO
 STREET ADDRESS 201 ALHAMBRA CIR, STE 502
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE Change Addition
 NAME NESTOR L CAMACHO
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME LOPEZ, MIGUEL
 STREET ADDRESS 201 ALHAMBRA CIR, STE 502
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE Change Addition
 NAME LUI C. CAMACHO
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date: 4/24/06 Daytime Phone #: 939-717-1711