




**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90013 021 \*\*\*158.75

40108100



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 194242 SAN JUAN, PR 00919-4242	
2. Principal Place of Business - No P.O. Box # 5901 SW 74 Street		3. Mailing Address	
Suite, Apt. #, etc. Suite 407		Suite, Apt. #, etc.	
City & State South Miami, Florida		City & State	
Zip 33143	Country USA	Zip	Country
4. FEI Number 65-1127184		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARVESU, MANUEL M ESQ 201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Isabel S. Martinez, Esq. Street Address (P.O. Box Number is Not Acceptable) Vilaverde 9 Martinez PLLC 5901 SW 74 Street Suite 407 City South Miami FL Zip Code 33143	
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 4-25-07	
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee will be \$550.00</b></p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMACITI, NESTOR L 201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Nestor L. Camacho <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mendez Vigo # 70 Oeste 4-F Mayaguez, PR 00680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMACITO, LUI C 201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luis C. Camacho <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mendez Vigo # 70 Oeste 4-F Mayaguez, PR 00680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Luis A. Gomez, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mendez Vigo # 70 Oeste 4-F Mayaguez, PR 00680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date April 20, 2007 Daytona Phone # 939 717-1711	