
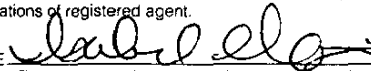
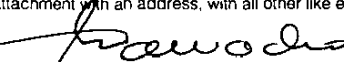


**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

40108100

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| <b>DOCUMENT # P00000096761</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          | 05-08-2007 90013 021 ***158.75                                                                                                                                                                                                                                                     |                                                                                                                                                                   |
| 1. Entity Name<br><b>PUERTO RICO HOLDINGS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |                                                                                                                                                                                                   |                                                                                                                                                                   |
| Principal Place of Business<br><b>C/O MANUEL M. ARVESU, P.A.<br/>201 ALHAMBRA CIR, STE 502<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          | Mailing Address<br><b>PO BOX 194242<br/>SAN JUAN, PR 00919-4242</b>                                                                                                                                                                                                                |                                                                                                                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><b>5901 SW 74 Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          | 3. Mailing Address                                                                                                                                                                                                                                                                 |                                                                                                                                                                   |
| Suite, Apt. #, etc.<br><b>Suite 407</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | Suite, Apt. #, etc.                                                                                                                                                                                                                                                                |                                                                                                                                                                   |
| City & State<br><b>South Miami, Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | City & State                                                                                                                                                                                                                                                                       |                                                                                                                                                                   |
| Zip<br><b>33143</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country<br><b>USA</b>                                                                                                    | Zip                                                                                                                                                                                                                                                                                | Country                                                                                                                                                           |
| 6. Name and Address of Current Registered Agent<br><b>ARVESU, MANUEL M ESQ<br/>201 ALHAMBRA CIR, STE 502<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | 7. Name and Address of New Registered Agent<br>Name <b>Isabel S. Martinez, Esq.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>Vilaverde &amp; Martinez PLLC</b><br><b>5901 SW 74 Street Suite 407</b><br>City <b>South Miami</b> <b>FL</b> Zip Code <b>33143</b> |                                                                                                                                                                   |
| 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.<br>SIGNATURE  DATE <b>4-25-07</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>D<br/>CAMACITI, NESTOR L<br/>201 ALHAMBRA CIR, STE 502<br/>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                     | <b>T<br/>Nestor L. Camacho<br/>Mendez Vigo #70 Oeste 4-F<br/>Mayaguez, PR 00680</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>D<br/>CAMACITO, LUI C<br/>201 ALHAMBRA CIR, STE 502<br/>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                     | <b>D<br/>Luis C. Camacho<br/>Mendez Vigo #70 Oeste 4-F<br/>Mayaguez, PR 00680</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                     | <b>P<br/>Luis A. Gomez, Jr.<br/>Mendez Vigo #70 Oeste 4-F<br/>Mayaguez, PR 00680</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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.<br>SIGNATURE:  DATE <b>April 20, 2007</b> 939 717-1711<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |                                                                                                                          |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                   |