


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90027 045 ***158.75

DOCUMENT # P0000096761			
1. Entity Name PUERTO RICO HOLDINGS, INC.			
Principal Place of Business 5901 SW 74 STREET SUITE 407 SOUTH MIAMI, FL 33143		Mailing Address PO BOX 194242 SAN JUAN, PR 00919-4242	
2. Principal Place of Business - No P.O. Box # <i>2655 S. Le Jeune Road</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 809</i>		Suite, Apt. #, etc.	
City & State <i>Coral Gables, FL</i>		City & State	
Zip <i>33134</i>	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTINEZ, ISABEL S ESQ VILLAVERDE & MARTINEZ, PLLC 5901 SW 74 STREET STE 407 SOUTH MIAMI, FL 33143		Name Street Address (P.O. Box Number is Not Acceptable) <i>2655 S. Le Jeune Road</i> <i>Suite 809</i> City <i>Coral Gables</i> FL Zip Code <i>33134</i>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME CAMACHO, NESTOR L STREET ADDRESS MENDEZ VIGO #70 OESTE 4-F CITY-ST-ZIP MAYAGUEZ, PR 00680	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME CAMACHO, LUIS C STREET ADDRESS MENDEZ VIGO #70 OESTE 4-F CITY-ST-ZIP MAYAGUEZ, PR 00680	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME GOMEZ, LUIS A JR STREET ADDRESS MENDEZ VIGO #70 OESTE 4-F CITY-ST-ZIP MAYAGUEZ, PR 00680	<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
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: <i>NESTOR L CAMACHO - TREASURER</i>		Date: <i>April 8, 2008</i> Daytime Phone #: <i>939-717-1711</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

