

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09826

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: PENINSULAR DEVELOPMENT CORP.

## Current Principal Place of Business:

%MORAITIS, COFAR & KARNEY  
915 MIDDLE RIVER DRIVE #506  
FORT LAUDERDALE, FL 33334

## New Principal Place of Business:

MORAITIS, COFAR, KARNEY & MORAITIS  
915 MIDDLE RIVER DRIVE #506  
FORT LAUDERDALE, FL 33334

## Current Mailing Address:

%MORAITIS, COFAR & KARNEY  
915 MIDDLE RIVER DRIVE #506  
FORT LAUDERDALE, FL 33334

## New Mailing Address:

MORAITIS, COFAR, KARNEY & MORAITIS  
915 MIDDLE RIVER DRIVE #506  
FORT LAUDERDALE, FL 33334

FEI Number: 59-2035163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORAITIS, GEORGE R.  
915 MIDDLE RIVER DRIVE #506  
FORT LAUDERDALE, FL 33304 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete  
Name: BARBERI, JUAN MANUEL,  
Address: 1800 S. OCEAN BLVD.  
City-St-Zip: POMPANO BEACH, FL

Title: DP ( ) Delete  
Name: BARBERI, LUZ MARIA,  
Address: 1800 S. OCEAN BLVD.  
City-St-Zip: POMPANO BEACH, FL

Title: V ( ) Delete  
Name: MORAITIS, GEORGE R.,  
Address: 915 MIDDLE RIVER DR.  
City-St-Zip: FT. LAUDERDALE, FL

Title: DVPT ( ) Delete  
Name: BARBERI, FRANCISCO J, OSE  
Address: 1800 SO. OCEAN BLVD.  
City-St-Zip: POMPANO BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN MANUEL BARBERI

D

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date