

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90064 011 ****70.00

DOCUMENT # N01000008445
 1. Entity Name
PENINSULA HOUSING DEVELOPMENT, INC. XVI



Principal Place of Business 1223 S.W. 4TH STREET SUITE 202 MIAMI, FL 33135-2407	Mailing Address 1223 S.W. 4TH STREET SUITE 202 MIAMI, FL 33135-2407
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04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DIAZ, GUARIONE
 1223 S.W. 4TH STREET
 SUITE 202
 MIAMI, FL 33135-2407

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

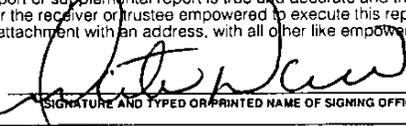
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ, GUARIONE M 1223 S.W. 4TH STREET SUITE 202 MIAMI, FL 331352407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PAZOS, ANDRES 1223 S.W. 4TH STREET SUITE 202 MIAMI, FL 331352407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SANTANA, CRISTINA 1223 S.W. 4TH STREET SUITE 202 MIAMI, FL 331352407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SWITZER, RAQUEL C 1223 S.W. 4TH STREET SUITE 202 MIAMI, FL 331352407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALAN, JUAN 355 COCOPLUM ROAD MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETO, MARIELENA 1223 S.W. 4TH STREET SUITE 202 MIAMI, FL 331352407

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:  **4/14/05** **(305) 642-3634**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

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Navarro, Marta
1223 SW 4 Street
Miami, Florida 33135

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