

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

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
--	--



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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
--

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

**DO NOT WRITE
IN THIS SPACE**

U00000557844
05/17/06-80070-008 70.00

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 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:  M BARRETO 4/18/06 305.642.3634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #