
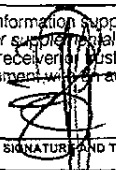


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 | |
| DO NOT WRITE IN THIS SPACE | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> DATE _____ | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DO NOT WRITE IN THIS SPACE |
| 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 | |
| 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 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> |



01122006 No Chg-NP CR2E037 (11/05)

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

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05/17/06-80070-008 70.00