


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90025 038 \*\*\*\*61.25

<b>DOCUMENT # N01000008445</b> 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  DIAZ, GUARIONE 1223 S.W. 4TH STREET SUITE 202 MIAMI, FL 33135-2407				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees -</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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	DIRECTOR NAVARRO, MARTA 1223 SW 4 ST MIAMI, FL 33135	
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	DIRECTOR ALLEN, WILFREDO 2250 SW 3 AVE #303 MIAMI, FL 33129	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALAN, JUAN 355 COCOPLUM ROAD MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETO, MARIELENA 1223 S.W. 4TH STREET SUITE 202 MIAMI, FL 331352407		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 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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					