## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N02709

1. Entity Name

PENINSULA HOUSING DEVELOPMENT INC., II



FILED Apr 24, 2006 08:00 AN Secretary of State

305 642 3634

Daytime Phone #

Principal Place of Business 300 SW 12TH AVENUE

3RD FLOOR
MIAMI, FL 33130 US

Mailing Address

300 SW 12TH AVENUE 3RD FLOOR MIAMI, FL 33130 US



DO NOT WRITE IN THIS SPACE

01122006 No Chg-NP CR2E037 (11/05)

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

DIAZ, GUARIONE M. 1223 SW 4TH ST. THIRD FLOOR MIAMI, FL 33135

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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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 Fforida. I am familiar with, and accept the obligations of registered agent.					
Signature   Signature, typed or printed name of registered agent and title if applicable   INOTE Registered Agent signature required when reinstating)   DATE					
	Filing Fee is \$61.25 Due by May 1, 2006	<ol> <li>Election Campaign Financ Trust Fund Contribution.</li> </ol>	olng	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRENTO, MARIELENA 1223 SW 4TH STREET MIAMI, FL 33135				U00000532483 05/06/06-80082-024 61.25
TITLE NAME STREET ADDRESS CITY ST-ZIP	DP DIAZ, GUARIONE M. 1223 SW 4TH STREET MIAMI, FL 33135				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TD SWITZER, RAQUEL C 1309 S DIXIE HWY, #1108 CORAL GABLES, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, MARTA 1223 SW 4TH STREET MIAMI, FL 33135			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAZOS, ANDRES 1223 SW 4TH STREET MIAMI, FL 33135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTANA, CRISTINA 1223 SW 4TH STREET MIAMI, FL 33135				
12. I hereby certify that the information supplied with this filling 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 thouse 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 of the receiver of the composition of the receiver of the receiver of the composition of the receiver of the composition of the receiver of the composition of the receiver of the receiver of the composition of the receiver of the receiver of the composition of the receiver of the r					

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E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR