
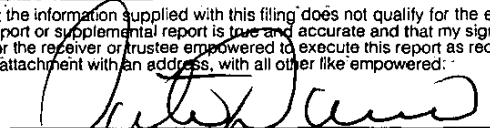


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-10-2008 90025 040 \*\*\*\*61.25

<b>DOCUMENT # N02709</b>					
1. Entity Name PENINSULA HOUSING DEVELOPMENT INC., II					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2398243	
Applied For		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Not Applicable		582008		Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent	
				7. Name and Address of New Registered Agent	
DIAZ, GUARIONE M. 1223 SW 4TH ST. THIRD FLOOR MIAMI, FL 33135			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRENTO, MARIELENA		NAME	ALLEN, WILFREDO	
STREET ADDRESS	1223 SW 4TH STREET		STREET ADDRESS	2250 SW 3 AVE #303 MIAMI, FL 33129	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, GUARIONE M.		NAME	BARRETO, MARIELENA	
STREET ADDRESS	1223 SW 4TH STREET		STREET ADDRESS	1223 SW 4 ST MIAMI, FL 33135	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWITZER, RAQUEL C		NAME		
STREET ADDRESS	1309 S DIXIE HWY, #1108		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, MARTA		NAME		
STREET ADDRESS	1223 SW 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZOS, ANDRES		NAME		
STREET ADDRESS	1223 SW 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, CRISTINA		NAME		
STREET ADDRESS	1223 SW 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP		
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: 			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					