


**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90064 012 \*\*\*\*70.00

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N03000000340</b> 1. Entity Name PENINSULA HOUSING DEVELOPMENT, INC. XVII	
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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
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04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 11-3672728	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DIAZ, GUAZIONE M 1223 SW 4 STREET 2ND FLOOR MIAMI, FL 33135	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, GUARION M 1223 SW 4 ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAZOS, ANDRES 1223 SW 4 ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWITZER, RAQUEL 1223 SW 4 ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTANA, CRISTINA 1223 SW 4 ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALAN, JUAN 1223 SW 4 ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAVARRO, MARTA 1223 SW 4 ST MIAMI, FL 33135

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **4/14/05** **(305) 642-3634**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Page Two

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Barreto, Marielena  
1223 SW 4 Street  
Miami, Florida 33135

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