

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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May 10, 2006 8:00 am
Secretary of State

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DOCUMENT # N03000000340
 1. Entity Name
 PENINSULA HOUSING DEVELOPMENT, INC. XVII



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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DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
 DIAZ, GUAZIONE M
 1223 SW 4 STREET
 2ND FLOOR
 MIAMI, FL 33135

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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 _____ 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, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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 NAVARRO, MARTA 1223 SW 4 ST MIAMI, FL 33135

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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 affidavit, with all other like empowered.

SIGNATURE: M BARRETO **4/18/06** **305 642 3634**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #