

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90304 010 ****61.25

DOCUMENT # N09193

1. Entity Name
PENINSULA HOUSING DEVELOPMENT INC., III



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)

4. FEI Number **59-2529236** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **NAVARRO, MARTA**
STREET ADDRESS **1223 SW 4TH STREET**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE **DP**
NAME **DIAZ, GUARTONE M**
STREET ADDRESS **1223 SW 4TH ST**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE **DV**
NAME **PAZOS, ANDRES**
STREET ADDRESS **1223 SW 4TH ST**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE **D**
NAME **GALAN, JUAN**
STREET ADDRESS **355 COCOPLUM RD**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **DT**
NAME **SWITZER, RAQUEL C**
STREET ADDRESS **1223 SW 4TH ST**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE **DS**
NAME **SANTANA, CRISTINA**
STREET ADDRESS **1223 SW 4TH STREET**
CITY-ST-ZIP **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 address, with all other like empowered.

SIGNATURE:  **MARTA NAVARRO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06
Date

305 642 3234
Daytime Phone #

ATTACHMENT

40070941

~~40070941~~
#N009193

D
BARRETO, MARIELENA
1223 SW 4 STREET
MIAMI FLORIDA 33135