## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # N09193

1. Entity Name

PENÍNSULA 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

FILED
May 02, 2007 08:00 A
Secretary of State



02022007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2529236

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

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

**SIGNATURE:** 

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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						
Clark trottes	Signature, typed or printed name of registered agent	and title if applicable (NOTE, R	legistered Agent signatur	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaigr Trust Fund Contrib	~ —	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, MARTA 1223 SW 4TH STREET MIAMI, FL 33135					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DP DIAZ, GUARTONE M 1223 SW 4TH ST MIAMI, FL 33135			U00000757349 05/23/07-80067-011 61.25 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAZOS, ANDRES 1223 SW 4TH ST MIAMI, FL 33135					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALAN, JUAN 355 COCOPLUM RD MIAMI, FL 33143					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DT SWITZER, RAQUEL C 1223 SW 4TH ST MIAMI, FL 33135				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS 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 securate 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 fectiver of 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.						