


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State


05-02-2005 90463 032 ****61.25

DOCUMENT # N09197	
1. Entity Name PENINSULA HOUSING DEVELOPMENT INC., IV	

Principal Place of Business % GUARIONE M. DIAZ 300 SW 12TH AVE., STE.A, 3RD FLOOR MIAMI, FL 33130 US	Mailing Address % GUARIONE M. DIAZ 300 SW 12TH AVE., STE.A, 3RD FLOOR MIAMI, FL 33130 US
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DO NOT WRITE IN THIS SPACE

20019977



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2529232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ, GUARIONE M. 1223 SW 4TH STREET 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.	

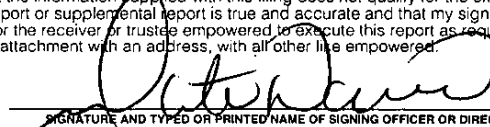
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, GUARIONE M. 300 SW 12 AVE STE "A" MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTANA, CRISTINA 1223 SW 4 ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWITZER, RAQUEL C 1390 S DIXIE HWY, #1108 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAZOS, ANDRES 300 S. W. 12 AVENUE, THIRD FLOOR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, MARTA 1223 SW 4TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALAN, JUAN 355 COCOPLUM ROAD MIAMI, FL 33143

DO NOT WRITE 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

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Barreto, Marielena
1223 SW 4 Street
Miami, Florida 33135

Add x