


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N09197 1. Entity Name PENINSULA HOUSING DEVELOPMENT INC., IV	
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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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01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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	PD
NAME	DIAZ, GUARIONE M.
STREET ADDRESS	300 SW 12 AVE STE "A"
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	SANTANA, CRISTINA
STREET ADDRESS	1223 SW 4 ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	TD
NAME	SWITZER, RAQUEL C
STREET ADDRESS	1390 S DIXIE HWY, #1108
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VPD
NAME	PAZOS, ANDRES
STREET ADDRESS	300 S. W. 12 AVENUE, THIRD FLOOR
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	NAVARRO, MARTA
STREET ADDRESS	1223 SW 4TH STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	GALAN, JUAN
STREET ADDRESS	355 COCOPLUM ROAD
CITY-ST-ZIP	MIAMI, FL 33143

U00000532472
05/06/06-80082-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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

4/18/06 305 6423634
Date Daytime Phone #