


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90025 037 \*\*\*\*61.25

<b>DOCUMENT # N09197</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2529232	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIAZ, GUARIONE M. 1223 SW 4TH STREET MIAMI, FL 33135				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
					Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, GUARIONE M.			NAME	BARRETO, MARIELENA
STREET ADDRESS	300 SW 12 AVE STE "A"			STREET ADDRESS	1223 SW 4 ST MIAMI, FL 33135
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTANA, CRISTINA			NAME	ALLEN, WILFREDO
STREET ADDRESS	1223 SW 4 ST			STREET ADDRESS	2250 SW 3 AVE #303 MIAMI, FL 33129
CITY-ST-ZIP	MIAMI, FL 33135			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWITZER, RAQUEL C			NAME	
STREET ADDRESS	1390 S DIXIE HWY, #1108			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZOS, ANDRES			NAME	
STREET ADDRESS	300 S. W. 12 AVENUE, THIRD FLOOR			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, MARTA			NAME	
STREET ADDRESS	1223 SW 4TH STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33135			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALAN, JUAN			NAME	
STREET ADDRESS	355 COCOPLUM ROAD			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2529232 Applied For Not Applicable

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

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 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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