


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

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


05-01-2006 90304 011 ****61.25

DOCUMENT # N29793 1. Entity Name PENINSULA HOUSING DEVELOPMENT INC. V	
--	---

Principal Place of Business 300 SW 12TH AVENUE THIRD FLOOR MIAMI, FL 33130 US	Mailing Address 300 SW 12TH AVENUE THIRD FLOOR MIAMI, FL 33130 US
--	--

DO NOT WRITE IN THIS SPACE

40070030



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0090884	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 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.

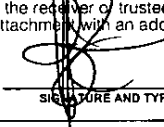
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ, GUARIONE M. 1223 SW 4TH ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, MARTA 1223 SW 4TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWITZER, RAQUEL 1309 S DIXIE HWY SUITE 660 MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD 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-ST-ZIP	D BARRETO, MARIELENA 1223 SW 4TH ST. MIAMI, FL 33135

**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:  **MARIELENA BARRETO** **4/18/06** **305 642 3634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DS
SANTANA, CRISTINA
1223 SW 4 STREET
MIAMI FLORIDA 33135

ATTACHMENT

40070940

#1029793