

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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



02022007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0090884

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DIAZ, GUARIONE M.
STREET ADDRESS	1223 SW 4TH ST.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	NAVARRO, MARTA
STREET ADDRESS	1223 SW 4TH STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	TD
NAME	SWITZER, RAQUEL
STREET ADDRESS	1309 S DIXIE HWY SUITE 660
CITY-ST-ZIP	MIAMI, FL 33146
TITLE	VPD
NAME	PAZOS, ANDRES
STREET ADDRESS	1223 SW 4TH ST.
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	GALAN, JUAN
STREET ADDRESS	355 COCOPLUM RD
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	BARRETO, MARIELENA
STREET ADDRESS	1223 SW 4TH ST.
CITY-ST-ZIP	MIAMI, FL 33135

U00000757350
05/23/07-80067-012 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07