

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

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

05-01-2006 90310 050 \*\*\*\*61.25

**DOCUMENT # N35641**

1. Entity Name  
**PENINSULA HOUSING DEVELOPMENT INC. VI**



Principal Place of Business

**300 SW 12TH AVENUE  
3RD FLOOR  
MIAMI, FL 33130 US**

Mailing Address

**300 SW 12TH AVENUE  
3RD FLOOR  
MIAMI, FL 33130 US**

90061500



01122006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0198267**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/D  
SANTANA, CHRISTINA  
1223 SW 4TH ST  
MIAMI, FL 33135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DIAZ, GUARIONE M  
1223 SW 4TH ST  
MIAMI, FL 33135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/D  
PAZOS, ANDRES  
1223 SW 4TH ST  
MIAMI, FL 33135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GALAN, JUAN  
1223 SW 4TH ST  
MIAMI, FL 33135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SWITZER, RAQUEL C  
1223 SW 4TH ST  
MIAMI, FL 33135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 affidavit, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MBARRETO**

**4/18/06**

**3056423634**

ATTACHMENT  
40071225  
# W35641

D  
Barreto, Marielena  
1223 SW 4 Street  
Miami, Florida 33135

D  
Navarro, Marta  
1223 SW 4 Street  
Miami, Florida 33135