


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40913</b> 1. Entity Name PENINSULA HOUSING DEVELOPERS INC.	
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Principal Place of Business 1223 SW 4TH STREET 3RD FLOOR MIAMI, FL 33134 US	Mailing Address 300 SW 12TH AVE SUITE A MIAMI, FL 33130
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**DO NOT WRITE IN THIS SPACE**



01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0230450	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ, GUARIONE M 1223 SW 4TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, MARTA 1223 SW 4TH STREET MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP PAZOS, ANDRES 1223 SW 4TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRISTINA, SANTANA 1223 SW 4TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO SWITZER, RAQUEL C 1223 SW 4TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIELENA, BARRETO 1223 SW 4TH STREET MIAMI, FL 33134

U000000050907  
02/16/04-80029-018 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Guarione M. Diaz 02-10-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #