

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90064 009 ****70.00

DOCUMENT # N40913

1. Entity Name
PENINSULA HOUSING DEVELOPERS INC.



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**

DO NOT WRITE IN THIS SPACE



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0230450	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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

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, 2005**

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 STREET
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	D
NAME	NAVARRO, MARTA
STREET ADDRESS	1223 SW 4TH STREET
CITY-ST-ZIP	MIAMI, FL 33134

TITLE	DEVP
NAME	PAZOS, ANDRES
STREET ADDRESS	1223 SW 4TH STREET
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	SD
NAME	CRISTINA, SANTANA
STREET ADDRESS	1223 SW 4TH STREET
CITY-ST-ZIP	MIAMI, FL 33135

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

TITLE	D
NAME	MARIELENA, BARRETO
STREET ADDRESS	1223 SW 4TH STREET
CITY-ST-ZIP	MIAMI, FL 33134

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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)(i), 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

4/14/05
Date

(305) 642-3634
Daytime Phone #

ATTACHMENT

40077542
N040913

Page Two

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Galan , Juan Add x
1223 SW 4 Street
Miami, Florida 33135