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

## **FILED** May 03, 2006 08:00 AM Secretary of State

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1. Entity Name

PENINSULA HOUSING DEVELOPERS INC. Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

300 SW 12TH AVE SUITE A 1223 SW 4TH STREET 3RD FLOOR MIAMI, FL 33130 MIAMI, FL 33134 US



01122006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 65-0230450

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 STREET MIAMI, FL 33135

SIGNATURE:

SIGNATURE AND T

## 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	<ol> <li>Election Campaign Finant Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS			,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ, GUARIONE M 1223 SW 4TH STREET MIAMI, FL 33135				U00000561860					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, MARTA 1223 SW 4TH STREET MIAMI, FL 33134				05/19/06-80090-016 61.25					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP PAZOS, ANDRES 1223 SW 4TH STREET MIAMI, FL 33135	·-		DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRISTINA, SANTANA 1223 SW 4TH STREET MIAMI, FL 33135			IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY+ST+ZIP	TD 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									
12. I hereby of indicated of the corchanged.	certify that the information superior with this fit on this report or supplemental report is true a poration or the receiver or trustee this powered or on an attachment with an addition, with all	ling does not qualify for the exe and accurate and that my signate to execute this report as require other like empowered.	mptions cor are shall haved by Chap	stained in Chapter 119 e the same legal effecter 617, Florida Statute	Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if					