2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # N95000001206** 1. Entity Name PENINSULA HOUSING DEVELOPMENT INC. VIII Mailing Address Principal Place of Business 300 S.W. 12TH AVE. 300 S.W. 12TH AVE. SUITE A SUITE A MIAMI, FL 33130 MIAMI, FL 33130

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

05-01-2006 90309 017 ****61.25

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DO NOT WRITE IN THIS SPACE

01122006 No Chg-NP

CR2E037 (11/05)

Applied For 4. FEI Number 65-0564217 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

3056423

DIAZ, GUARIONE M

6. Name and Address of Current Registered Agent

1223 S.W. 4TH STREET MIAMI, FL 33135

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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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10	OFFICERS AND DIRE	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ, GUARIONE M 1223 S.W. 4TH STREET MIAMI, FL 33135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETO, MARIELENA 1223 SW 4TH STREET MIAMI, FL 33135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PAZOS, ANDRES 1223 S.W. 4TH STREET MIAMI, FL 33135		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALAN, JUAN 355 COCOPLUM ROAD MIAMI, FL 33143				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SWITZER, RAQUEL C 1390 S DIXIE HWY, #1108 MIAMI, FL 33146				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SANTA NA CRISTI 1223 SN 4 St MIAMIL FE 23135	>			
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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the visue 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.					

m BARRETT

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR