

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N95000001206

1. Entity Name
PENINSULA HOUSING DEVELOPMENT INC. VIII



Principal Place of Business

300 S.W. 12TH AVE.
SUITE A
MIAMI, FL 33130

Mailing Address

300 S.W. 12TH AVE.
SUITE A
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE



02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0564217

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 S.W. 4TH STREET
MIAMI, FL 33135

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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 \$81.25
Due by May 1, 2007**

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
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

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

U00000757356
05/23/07-80067-016 61.25

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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 address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #