

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

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

05-03-2005 90064 031 \*\*\*\*70.00

**DOCUMENT # N95000003367**  
 1. Entity Name  
 PENINSULA HOUSING DEVELOPMENT INC. IX



Principal Place of Business 1223 SW 4TH ST. 3RD FLOOR MIAMI, FL 33135 US	Mailing Address 1223 SW 4TH ST. 2 FL MIAMI, FL 33135 US
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**DO NOT WRITE IN THIS SPACE**



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0650912	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 DIAZ, GUARIONE M  
 1223 SW 4TH ST  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, GUARIONE M 1223 SW 4 STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTANA, CRISTINA 1223 SW 4 STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAZOS, ANDRES 1223 SW 4 STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, MARTA 1223 SW 4TH ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWITZER, RAQUEL C 1390 SO DIXIE HWY #1108 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETO, MARIELENA 1223 SW 4 STREET MIAMI, FL 33135

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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]* **4/14/05** **(305) 642-3634**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Page Two

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