


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N96000000258 |  |
| 1. Entity Name PENINSULA HOUSING DEVELOPMENT INC. XI | |

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|---|---|
| Principal Place of Business 300 S.W. 12TH AVENUE SUITE A MIAMI, FL 33130 | Mailing Address 300 S.W. 12TH AVENUE SUITE A MIAMI, FL 33130 |
|---|---|



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 65-0650918 | Applied For Not Applicable |
| 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 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1000000531251
05/06/06-80034-014 61.25

| 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 | TD SWITZER, RAQUEL C 1390 SO DIXIE HWY #1108 CORAL GABLES, FL 33146 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NAVARRO, MARTA 1223 SW 4TH STREET MIAMI, FL 33135 |
| 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 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 my name, with all other like empowered.

SIGNATURE:  **M BARRETO** 4/18/06 305-642-3634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #