

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # N96000000258**

1. Entity Name  
**PENINSULA HOUSING DEVELOPMENT INC. XI**



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**

**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0650918**

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**

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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

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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05/23/07-80067-018 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 #