## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # N96000006448**

1. Entity Name

PENÍNSULA HOUSING DEVELOPMENT INC. XII



Principal Place of Business

1223 S W 4TH STREET THIRD FLOOR MIAMI, FL 33134 US Mailing Address

1223 S W 4TH STREET SECOND FLOOR MIAMI, FL 33135 U

### FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90392 048 \*\*\*\*61.25

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#### DO NOT WRITE IN THIS SPACE

04142005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-0721533

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

642-363

6. Name and Address of Current Registered Agent

DIAZ, GUARIONE M 1223 SW 4TH STREET MIAMI, FL 33135

SIGNATURE:

SIGNATURE AN

# DO NOT WRITE IN THIS SPACE

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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					
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financ     Trust Fund Contribution.	,	\$5:00 May Be	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, GUARIONE M 1223 SW 4TH ST MIAMI, FL 33135		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTANA, CRISTINA 1223 SW 4TH AVE MIAMI, FL 33135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWITZER, RAQUEL C 1390 S. DIXIE HWY , #1108 CORAL GABLES, FL 33146				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAZOS, ANDRES 1223 SW 4TH ST MIAMI. FL 33135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETO, MARIELENA 1223 S W 4TH STREET MIAMI, FL 33134				
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D NAVARRO, MARTA 1223 SW 4 STREET MIAMI, FL 33135				
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 true face empowered to expect eithis 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.					

INTED NAME OF SIGNING OFFICER OR DIRECTOR

## ATTACHMENT

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