

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 10, 2008 8:00 am
Secretary of State**

04-10-2008 90016 025 ****61.25

DOCUMENT # N9600006451		
1. Entity Name PENINSULA HOUSING DEVELOPMENT INC. XIII		

Principal Place of Business 1223 S W 4TH STREET THIRD FLOOR MIAMI, FL 33135 US	Mailing Address 1223 S W 4TH STREET 2 FL MIAMI, FL 33135 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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, 2008** 9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution: Added to Fees Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE	DP <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, GUARIONE M	NAME	ALLEN, WILFREDO
STREET ADDRESS	1223 SW 4 ST	STREET ADDRESS	2250 SW 3 AVE #303 MIAMI, FL 33129
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, MARTA	NAME	
STREET ADDRESS	1223 S W 4TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWITZER, RAQUEL C	NAME	
STREET ADDRESS	1390 S DIXIE HWY 1108	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	
TITLE	VDP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZOS, ANDRES	NAME	
STREET ADDRESS	1223 SW 4 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, CRISTINA	NAME	
STREET ADDRESS	1223 S W 4TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETO, MARIELENA	NAME	
STREET ADDRESS	1223 S W 4TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #