

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

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000001687**

1. Entity Name  
HOGAR DE NINOS OASIS DE AMOR, INC.



Principal Place of Business  
1641 NW 29 CT.  
MIAMI, FL 33125

Mailing Address  
1601 NW 27TH AVE  
MIAMI, FL 33125



01052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1082974

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MARADIAGA, HECTOR  
1641 NW 29 CT.  
MIAMI, FL 33125

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 APARICIO, BORIS ESTEBAN  
STREET ADDRESS 1641 NW 29 CT.  
CITY-ST-ZIP MIAMI, FL 33125

TITLE PD  
NAME DE APARICIO, MARIA ELENA  
STREET ADDRESS 1641 NW 29 CT.  
CITY-ST-ZIP MIAMI, FL 33125

TITLE PD  
NAME MARADIAGA, HECTOR  
STREET ADDRESS 1641 NW 29 CT.  
CITY-ST-ZIP MIAMI, FL 33125

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/25/07-80001-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Hector Maradiaga*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HECTOR  
MARADIAGA

JAN 16, 2007

(305)633-6559

Date

Daytime Phone #