2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001687

FILED Feb 09, 2009 Secretary of State

Entity Name: HOGAR DE NINOS OASIS DE AMOR, INC. **Current Principal Place of Business: New Principal Place of Business:** 1641 NW 29 CT. MIAMI, FL 33125 **Current Mailing Address: New Mailing Address:** 1601 NW 27TH AVE 1641 NW 29 CT MIAMI, FL 33125 MIAMI, FL 33125 FEI Number: 65-1082974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARADIAGA, HECTOR 1641 NW 29 CT. MIAMI, FL 33125 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition APARICIO, BORIS ESTEBAN Name: Name: Address: 1641 NW 29 CT. Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip: Title: PD () Delete Title: () Change () Addition DE APARICIO, MARIA ELENA Name: Name: Address: 1641 NW 29 CT. Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip: Title: () Delete Title: () Change () Addition MARADIAGA, HECTOR Name: Name: 1641 NW 29 CT. Address: Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR MARADIAGA PD 02/09/2009