

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009107

**Entity Name:** HOPE FOR RECOVERY, INC.

**Current Principal Place of Business:**

12335 MOSS RANCH ROAD  
MIAMI, FL 33156

**Current Mailing Address:**

12335 MOSS RANCH ROAD  
MIAMI, FL 33156

**FEI Number: 46-5205220**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALVAREZ-FARRE, EMILIO J  
333 SE 2ND AVENUE  
4TH FLOOR  
MIAMI, FL 33131 US

*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

**Officer/Director Detail :**

Title D  
Name ALVAREZ, NATALIA  
Address 12335 MOSS RANCH ROAD  
City-State-Zip: MIAMI FL 33156

Title D  
Name ALVAREZ, MARTHA I  
Address 12335 MOSS RANCH ROAD  
City-State-Zip: MIAMI FL 33156

Title D  
Name LOPEZ, OLGA  
Address 8495 MILLER ROAD  
City-State-Zip: MIAMI FL 33155

Title D  
Name DELGADO, LOURDES  
Address 490 S.W. 88TH PLACE EAST  
City-State-Zip: MIAMI FL 33174

*I hereby 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 all other like empowered.*

**SIGNATURE: OLGA LOPEZ**

**DIRECTOR**

**02/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date