

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 05, 2024**

**Secretary of State**

**2934876409CC**

DOCUMENT# N13000000260

**Entity Name:** SOFIA'S HOPE, INC.

**Current Principal Place of Business:**

10106 SW 126 STREET  
MIAMI, FL 33176

**Current Mailing Address:**

10106 SW 126 STREET  
MIAMI, FL 33176 US

**FEI Number:** 46-1900752

**Certificate of Status Desired:** No

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

LISSETTE B. ORTIZ, P.A.  
1430 S. DIXIE HWY  
SUITE 321  
CORAL GABLES, FL 33146 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 P  
Name BLANCO, MARTA  
Address 10106 SW 126 STREET  
City-State-Zip: MIAMI FL 33176

Title T  
Name VILLENA, LINDA  
Address 9081 SW 124 STREET  
City-State-Zip: MIAMI FL 33176

Title VP  
Name DOHERTY, JAMIE  
Address 20975 SHADY VISTA LANE  
City-State-Zip: BOCA RATON FL 33428

Title OFFICER  
Name BRUNO, SANDRA  
Address 703 CHAY DRIVE  
City-State-Zip: LAKE CHARLES LA 70611

Title OFFICER  
Name BERENGUER, SANDRA  
Address 5701 MAGGIORE STREET  
City-State-Zip: CORAL GABLES FL 33146

Title OFFICER  
Name MARTINEZ, LINDA  
Address 10725 SW 73RD AVE  
City-State-Zip: MIAMI FL 33156

Title SECRETARY  
Name STAZIO, SILVIA  
Address 4501 CHASE AVENUE  
City-State-Zip: BETHESDA MD 20814

Title OFFICER  
Name HIDALGO, ANDRES  
Address 8345 SW 152 STREET  
City-State-Zip: PALMETTO BAY FL 33157

**Continues on page 2**

*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:** MARTA BLANCO

**PRESIDENT**

**02/05/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            OFFICER  
Name            DE MICHELE, MARIANA  
Address        5920 SW 73RD AVE  
City-State-Zip: MIAMI FL 33143