#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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

FILED Jan 18, 2023

**Secretary of State** 

2343011626CC

#### Officer/Director Detail:

Title	Р	Title	Т

 Name
 BLANCO, MARTA
 Name
 VILLENA, LINDA

 Address
 10106 SW 126 STREET
 Address
 9081 SW 124 STREET

 City-State-Zip:
 MIAMI FL 33176
 City-State-Zip:
 MIAMI FL 33176

Title VP Title OFFICER

NameDOHERTY, JAMIENameBRUNO, SANDRAAddress20975 SHADY VISTA LANEAddress703 CHAY DRIVE

City-State-Zip: BOCA RATON FL 33428 City-State-Zip: LAKE CHARLES LA 70611

Title OFFICER Title OFFICER

NameBERENGUER, SANDRANameMARTINEZ, LINDAAddress5701 MAGGIORE STREETAddress10725 SW 73RD AVECity-State-Zip:CORAL GABLES FL 33146City-State-Zip:MIAMI FL 33156

Title SECRETARY Title OFFICER

NameSTAZIO, SILVIANameHIDALGO, ANDRESAddress4501 CHASE AVENUEAddress8345 SW 152 STREETCity-State-Zip:BETHESDA MD 20814City-State-Zip:PALMETTO BAY FL 33157

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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 01/18/2023

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