

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000005820

**Entity Name:** WOW THERAPY FOR HOPE INC.

**Current Principal Place of Business:**

1700 E. LAS OLAS BLVD., SUITE 207  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

1700 E. LAS OLAS BLVD., SUITE 207  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GERMAN MORALES, P.A.  
1700 E. LAS OLAS BOULEVARD, SUITE 207  
FORT LAUDERDALE, FL 33301 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/P  
Name MORALES, TATIANA  
Address 753 TANGLEWOOD CIR  
City-State-Zip: WESTON FL 33327--183

Title D/VP  
Name MORALES, GERMAN  
Address 1700 E. LAS OLAS BLVD., SUITE 207  
City-State-Zip: FORT LAUDERDALE FL 33301

Title D  
Name MORALES, MARIA C  
Address 20871 JOHNSON STREET, SUITE 115  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** GERMAN MORALES

D/VP

03/09/2025

Electronic Signature of Signing Officer/Director Detail

Date