


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90574 004 ****61.25

DOCUMENT # N94000006344	
1. Entity Name S.T.A.R.S./H.O.P.E. INC.	

Principal Place of Business 627 SW 27TH AVE MIAMI FL 33135 US	Mailing Address 627 SW 27TH AVE MIAMI FL 33135 US
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34066737



MOORE CR2E037 (11/03)

2. Principal Place of Business 11380 NW 27 Ave Suite, Apt. #, etc.	3. Mailing Address 11380 NW 27 Ave. Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0589915	Applied For Not Applicable
Zip 33167	Country	Zip 33167	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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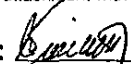
6. Name and Address of Current Registered Agent LEVY, LAWRENCE A 1016 MILAN AVE CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Xavier Cortada Street Address (P.O. Box Number is Not Acceptable) 3621 S.W. 3 Ave. City Miami
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8. 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. I am familiar with, and accept the obligations of registered agent.	DATE April 23, 2004
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VILA-SANCHEZ, MARY 7210 RED ROAD, SUITE 210 MIAMI FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICENTE, JOSE 300 NE 2ND AVE MIAMI FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CRUZ, ELODIA 5959 N W 7TH STREET MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AQUINO-SOSA, VIVIAN 3971 S W 8TH STREET MIAMI FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANJENIS, LOURDES 9 STAR ISLAND MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #