

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000006344

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



Principal Place of Business  
11380 NW 27 AVE  
MIAMI, FL 33167 US

Mailing Address  
11380 NW 27 AVE  
MIAMI, FL 33167 US

**FILED**

05 SEP 20 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09082005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0589915

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORTADA, XAVIER  
9621 SW 3AVE  
MIAMI, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
VILA-SANCHEZ, MARY  
7210 RED ROAD, SUITE 210  
MIAMI, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VICENTE, JOSE  
300 NE 2ND AVE  
MIAMI, FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
CRUZ, ELODIA  
5959 N W 7TH STREET  
MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
AQUINO-SOSA, VIVIAN  
3971 S W 8TH STREET  
MIAMI, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
SANJENIS, LOURDES  
9 STAR ISLAND  
MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300059765993  
09/20/05--01006--024 \*\*\$61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 #