


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000753
 1. Entity Name
SET FREE MINISTRIES INTERNATIONAL, INC.



Principal Place of Business
1871 N.W. 62ND STREET
MIAMI, FL 33147

Mailing Address
PO BOX 520863
MIAMI, FL 33152



03222005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0978557

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GONZALEZ, EDUARDO F
5390 SW 130 AVE
MIRAMAR, FL 33027

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, EDUARDO F 5390 SW 130TH AVE MIRIMAR, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GONZALEZ, LOURDES 5390 SW 130TH AVE MIRIMAR, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSARIO, BOBBY PO BOX 540993 OPA LOCKA, FL 33054
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/5/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #