

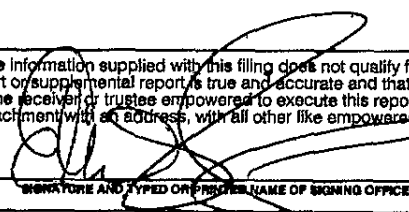


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # N00000000753</b>						
1. Entity Name <b>SET FREE MINISTRIES INTERNATIONAL, INC.</b>						
Principal Place of Business <b>1871 N.W. 62ND STREET MIAMI, FL 33147</b>	Mailing Address <b>PO BOX 520863 MIAMI, FL 33152</b>	  03222005 No Chg-NP CR2E037 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number <b>65-0978557</b></td><td style="width: 40%; padding: 2px;">Applied For <input checked="" type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>	4. FEI Number <b>65-0978557</b>	Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
4. FEI Number <b>65-0978557</b>	Applied For <input checked="" type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  <b>GONZALEZ, EDUARDO F 5390 SW 130 AVE MIRAMAR, FL 33027</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>						
TITLE	PD <b>GONZALEZ, EDUARDO F</b>					
NAME	<b>GONZALEZ, EDUARDO F</b>					
STREET ADDRESS	<b>5390 SW 130TH AVE</b>					
CITY-ST-ZIP	<b>MIRIMAR, FL 33024</b>					
TITLE	DS <b>GONZALEZ, LOURDES</b>					
NAME	<b>GONZALEZ, LOURDES</b>					
STREET ADDRESS	<b>5390 SW 130TH AVE</b>					
CITY-ST-ZIP	<b>MIRIMAR, FL 33024</b>					
TITLE	T <b>ROSARIO, BOBBY</b>					
NAME	<b>ROSARIO, BOBBY</b>					
STREET ADDRESS	<b>PO BOX 540993</b>					
CITY-ST-ZIP	<b>OPA LOCKA, FL 33054</b>					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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.						
<b>SIGNATURE:</b> 		4/5/05 <small>Date Daytime Phone #</small>				