

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90005 025 \*\*\*\*61.25

<b>DOCUMENT # N03000008438</b> 1. Entity Name <b>FRESH START MINISTRIES INTERNATIONAL, INC.</b>			
Principal Place of Business: <b>846 NW 200TH ST C/O CALVIN CHIN MIAMI, FL 33169</b>		Mailing Address: <b>846 NW 200TH ST C/O CALVIN CHIN MIAMI, FL 33169</b>	
2. Principal Place of Business <b>18900 NW 32 Ave</b>		3. Mailing Address <b>846 NW 200 St</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Miami</b>		City & State <b>FL 33169</b>	
Zip 		Zip 	
Country 		Country 	
4. FEI Number <b>14-1894139</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ARMSTRONG, CARMEL 3597 NW 83 LANE SUNRISE, FL 33351</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <b>CALVIN CHIN (FR PASTOR) Calvin Chin</b> <span style="float: right;">DATE: <b>July 19th 2004</b></span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing).)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP CHIN, CALVIN 846 NW 200TH ST MIAMI, FL 33169</b>	<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 <b>D CHIN, BARON 135 NE 202 TERR, ROMONT BLDG, N MIAMI, FL 33169</b>	<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 <b>D HENRY, WILLIAM 115 NW 202 TERR, #507 MIAMI, FL 33169</b>	<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 <b>DS LEWIS, DAISY 3980 NW 195 ST MIAMI, FL 33055</b>	<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 <b>DV ARMSTRONG, CARMEL 3597 NW 83 LANE MIAMI, FL 33351</b>	<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 <b>DT HYATT, SYBILL 8648 CLARIDGE DR MIRAMAR, FL 33025</b>	<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: <b>Calvin Chin</b> <span style="float: right;">DATE: <b>July 19th 2004</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

66431366



07142004 Chg-NP CR2E037 (10/03)

(305) 652-7069



*Attachment*  
*66431366*

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 26, 2004

FRESH START MINISTRIES INTERNATIONAL, INC.  
846 NW 200TH ST  
MIAMI, FL 33169

Subject: FRESH START MINISTRIES INTERNATIONAL, INC.

Reference Number: **N03000008438**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION

*Enclosure submitted*  
*Thank*  
*[Signature]*

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314