


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N03000008438 1. Entity Name FRESH START MINISTRIES INTERNATIONAL, INC. |  |
|--|---|

Principal Place of Business

18900 NW 32 AVE
C/O CALVIN CHIN
MIAMI, FL 33169

Mailing Address

846 NW 200TH ST
C/O CALVIN CHIN
MIAMI, FL 33169



01052006 No Chg-NP

CR2E037 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 14-1894139 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 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

ARMSTRONG, CARMEL
3597 NW 83 LANE
SUNRISE, FL 33351

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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 May 1, 2006**

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 | DP CHIN, CALVIN 846 NW 200TH ST MIAMI, FL 33169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHIN, BARON 135 NE 202 TERR, ROMONT BLDG, N MIAMI, FL 33169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENRY, WILLIAM 115 NW 202 TERR, #507 MIAMI, FL 33169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS LEWIS, DAISY 3980 NW 195 ST MIAMI, FL 33055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ARMSTRONG, CARMEL 3597 NW 83 LANE MIAMI, FL 33351 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT HYATT, SYBILL 8648 CLARIDGE DR MIRAMAR, FL 33025 |

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01/23/06-80004-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Calvin Chin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/06

Date

(305) 652-7069

Daytime Phone #