


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000011385</b> 1. Entity Name JESUCRISTO FIEL REDENTOR INC.	
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Principal Place of Business 1055 NW 14TH AVE HOMESTEAD, FL 33030	Mailing Address 1055 NW 14TH AVE HOMESTEAD, FL 33030
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**DO NOT WRITE IN THIS SPACE**



05052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3758879	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PICO, LUIS A 1065 NW 14 AVE HOMESTEAD, FL 33030	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000949603 06/03/08-80034-015 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICO, LUIS 1055 NW 14TH AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICO, DIMAS 1055 NW 14TH AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MOLINA, MARIANA 1065 NW 14TH AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE MOLINA, VICTOR 1065 NW 14TH AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Luis A. Pico Luis A. Pico  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #