

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000013074

**Entity Name:** LITTLE PIXEL INC**Current Principal Place of Business:**2222 PONCE DE LEON BLVD  
SUITE 04-103  
CORAL GABLES, FL 33134**Current Mailing Address:**2222 PONCE DE LEON BLVD  
SUITE 04-103  
CORAL GABLES, FL 33134 US**FEI Number:** 84-4124028**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARCIA, FRANCISCO  
2222 PONCE DE LEON BLVD  
SUITE 04-103  
CORAL GABLES, FL 33134 US*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.***SIGNATURE:** GARCIA FRANCISCO

04/30/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name GARCIA, FRANCISCO  
Address 2222 PONCE DE LEON BLVD  
SUITE 04-103  
City-State-Zip: CORAL GABLES FL 33134

Title VPD  
Name ACEVEDO, KAREN  
Address 2222 PONCE DE LEON BLVD  
SUITE 04-103  
City-State-Zip: CORAL GABLES FL 33134

Title TD  
Name LANFRANCONI, IGNACIO  
Address 2222 PONCE DE LEON BLVD  
SUITE 04-103  
City-State-Zip: CORAL GABLES FL 33134

Title SD  
Name SUSKEY, PAUL  
Address 2222 PONCE DE LEON BLVD  
SUITE 04-103  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name ROCA, DENISSE  
Address 2222 PONCE DE LEON BLVD  
SUITE 04-103  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCISCO GARCIA

PD

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date