

2004

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90038 004 \*\*\*\*50.00

<b>DOCUMENT #</b> L00000013406
<b>1. Entity Name</b> Pixelcol, L.L.C.

**DO NOT WRITE IN THIS SPACE**

34006591

<b>2. Principal Place of Business</b> 9520 S.W. 40th St. Suite, Apt. #, etc. Suite 204 City & State Miami, FL Zip 33165	<b>3. Mailing Address</b> 8160 Geneva Ct. Suite, Apt. #, etc. Suite A-311 City & State Doral, FL Zip 33166-4659
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1057435	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE****7. Name and Address of Current Registered Agent**

<b>Name</b> Silva-Parra, Carlos E.
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 8160 Geneva Ct.
<b>Apt. A-311</b>
<b>City</b> Doral
<b>FL</b>
<b>Zip Code</b> 33166

**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.

**DATE**

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Manager Silva-Parra, Carlos E. 8160 Geneva Ct., Apt. A-311 Doral, FL 33166	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Ass't. Manager Garcia, Sergio A. 21300 San Simeon Way, Apt. P-7 Miami, FL 33179	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,  
OR AUTHORIZED REPRESENTATIVE

Carlos E. Silva

Date

Daytime Phone #

04/19/04

305-559-7550