

2005

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

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90022 005 ****50.00

DOCUMENT # L00000013406	
1. Entity Name	
Pixelcol, L.L.C.	

DO NOT WRITE IN THIS SPACE

14001396

2. Principal Place of Business	3. Mailing Address
6320 N.W. 114th Ave.	6320 N.W. 114th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 1224	Suite 1224
City & State	City & State
Doral, FL	Doral, FL
Zip	Zip
33178-4558	33178-4558
Country	Country

DO NOT WRITE IN THIS SPACE

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

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

Name
Silva-Parra, Carlos E.
Street Address (P.O. Box Number is Not Acceptable)
6320 N.W. 114th Ave.
Apt. 1224
City
Doral
FL
Zip Code
33178

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			
TITLE	Manager	TITLE	
NAME	Silva-Parra, Carlos E.	NAME	
STREET ADDRESS	6320 N.W. 114th Ave.	STREET ADDRESS	
CITY - ST - ZIP	Doral, FL 33178	CITY - ST - ZIP	
TITLE	Ass't. Manager	TITLE	
NAME	Garcia, Sergio A.	NAME	
STREET ADDRESS	21300 San Simeon Way, Apt. P-7	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33179	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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:


Carlos E. Silva

4/9/05

786-845-9753

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

Date

Daytime Phone #