

2006

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

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90036 002 \*\*\*\*50.00

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

**DO NOT WRITE IN THIS SPACE**

20039105

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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**

<b>4. FEI Number</b>	<b>Applied For</b>
65-1057435	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>
6320 N.W. 114th Ave.
<b>Apt. 1224</b>
<b>City</b>
Doral
<b>FL</b>
<b>Zip Code</b>
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**

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

**DO NOT WRITE IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

786-845-9753

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

Date

Daytime Phone #