

2003

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90039 045 \*\*\*\*50.00

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

**DO NOT WRITE IN THIS SPACE****30059706**

<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 Miami, 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> <input type="checkbox"/> 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**

**Name**  
Silva-Parra, Carlos E.  
**Street Address (P.O. Box Number is Not Acceptable)**  
8160 Geneva Ct.  
**Apt.** A-311  
**City**  
Miami **FL** **Zip Code**  
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**

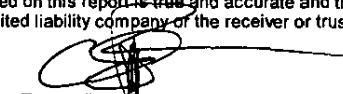
Signature, typed or printed name of registered agent and title if applicable.

**DATE****FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Member Silva-Parra, Carlos E. 8160 Geneva Ct., Apt. A-311 Miami, FL 33166	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Member Garcia, Sergio A. 21300 San Simeon Way, Apt. P-7 Miami, FL 33179	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**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

04/24/03

305-559-7550

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

Date

Daytime Phone #