

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000008363

1. Entity Name

PIXELIUM DIGITAL IMAGING INC.



Principal Place of Business

12419 NW 7TH LANE
MIAMI FL 33182

Mailing Address

12419 NW 7TH LANE
MIAMI FL 33182

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc

State, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1073520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, OSVALDO G
12419 NW 7TH LANE
MIAMI FL 33182

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

(NOTE: Registered Agent must be required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GONZALEZ, OSVALDO
12419 NW 7TH LANE
MIAMI FL 33182 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000813912
02/13/08-80023-011 150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
TAFURA, MARIANA
12419 NW 7TH LANE
MIAMI FL 33182 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mariana TAFURA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

305-225-3922