


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90034 020 \*\*\*150.00


DOCUMENT # P02000043302  
 1. Entity Name  
 PIXEL GRAPHICS ADVERTISING COMPANY



Principal Place of Business Mailing Address  
 9365 FONTAINBLEAU BLVD., #E-223 9365 FONTAINBLEAU BLVD., #E-223  
 MIAMI, FL 33172 MIAMI, FL 33172

2. Principal Place of Business 3. Mailing Address  
 5070 NW 116 AVE 5070 NW 116 AVE.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 # 210 # 210

City & State City & State  
 MIAMI FL, 33178 MIAMI, FL  
 Zip Country Zip Country  
 33178 33178.



0112005 Chg-P CR2E034 (10/03)  
 4. FEI Number Applied For  
 07-0585899 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROLDAN, SANTIAGO  
 9365 FONTAINBLEAU BLVD., #E-223  
 MIAMI, FL 33172

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> Delete
NAME	ROLDAN, SANTIAGO
STREET ADDRESS	9365 FONTAINBLEAU BLVD., #E-223
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DV <input type="checkbox"/> Delete
NAME	RAMIREZ, LINA MARIA
STREET ADDRESS	9365 FONTAINBLEAU BLVD., #E-223
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	5070 NW 116 AVE. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	# 210
STREET ADDRESS	MIAMI FL, 33178.
CITY-ST-ZIP	
TITLE	5070 NW 116 AVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	# 210
STREET ADDRESS	MIAMI FL 33178.
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: Lina M. Ramirez 01-25-05 305 485 0241.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #