

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076621

Entity Name: INPIXELS DESIGN, CORP

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

7077 SW 46TH STREET
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

3033 MATILDA ST.
MIAMI, FL 33133

New Mailing Address:

134 SALAMANCA AVE
4B
MIAMI, FL 33134

FEI Number: 20-1117594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GBS CONSULTANTS
1290 WESTON ROAD
306
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARBEA, DANIELA MRS.
Address: 1220 MARSEILLE DRIVE #4
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP () Delete
Name: ARBEA, DANIELA MRS.
Address: 1220 MARSEILLE DRIVE #4
City-St-Zip: MIAMI BEACH, FL 33141

Title: T () Delete
Name: ARBEA, DANIELA MRS.
Address: 1220 MARSEILLE DRIVE #4
City-St-Zip: MIAMI BEACH, FL 33141

Title: S () Delete
Name: ARBEA, DANIELA MRS.
Address: 1220 MARSEILLE DRIVE #4
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIELA ARBEA

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date