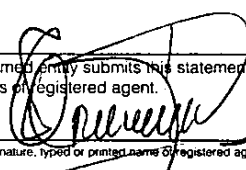
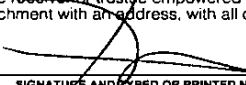


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90044 035 ***150.00

DOCUMENT # P04000124793 1. Entity Name VOXEL MEDIA GROUP INC.					
Principal Place of Business 5815 SW 5 STREET MIAMI, FL 33144			Mailing Address 5815 SW 5 STREET MIAMI, FL 33144		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 30-0271521	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LUIS R. FERNANDEZ 5815 SW 5 STREET MIAMI, FL 33144				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE 				DATE 1-16-06	
(NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS FERNANDEZ, LUIS R 5815 SW 5 STREET MIAMI, FL 33144	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELA-FERNANDEZ, DOLORES 5815 SW 5 STREET MIAMI, FL 33144	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 1-16-06 Daytime Phone # 305 579 1933					

50024566



07202006 Chg-P CR2E034 (11/05)

ATTACHMENT

50024566

Miami, July 30, 2006

Florida Department of State
Division of Corporations.
PO Box 6327
Tallahassee, Fl. 32314

Re: Voxel Media Group Inc.
Ref. No: P04000124793

Dear Sirs:

We hereby request your cooperation and understanding of our situation. As we explained in our letter of July 9th, 2006, we paid (or thought) we had paid thru internet, debiting our American Express account, concededly, the month of January statement from American Express, charged us the membership of the year, which was for the same amount paid to your Institution, \$150.00, when we checked the statement, we assumed everything was ok; Nevertheless this was not the case, we did not find out until we got your advise in the mail on July 9th, 2006.

We had prepared our taxes as well paid all our dues, as you know, this is a new corporation, that we opened during the month of August, 2005, if you check your records, we paid also early 2005, by no reason, we would have omitted payment, we are trying very hard to maintain this small company, which is now coming to what we needed to be, as well as creating jobs in the State, we are short of cash flow, and, we carefully keep our company finances, to be able to keep it alive. This \$400.00 late payment, will create a burden on us now, plus, we want the company to continue, with the name, since we have invested all our savings.

Please help us reinstate the company for the \$150.00, we will never use internet ever again! I think this was the first time I used it....

Thank again for your help and understanding.

Sincerely yours,

Dolores Vela-Fernandez

ATTACHMENT.

VOXEL MEDIA GROUP Inc.

5815 SW 5 St.

Miami, FL. 33144

50024566
#P04000124793

Miami, July 9, 2006

Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Dear Sirs:

Please accept this letter as a petition to waive any late fees involved in the Renewal of our corporation.

On January 16th, 2006, (see copy attached) we paid for the yearly renewal of the said corporation, with a confirmation no., of P04000124793. For some reason, this charge to our American Express was confused with another charge for the same amount (the year renewal of the card for the same amount) when balancing our statement, it was until now that we received a notification of non-renewal that we identified this error.

Please accept our apologies and accept the attached check in the amount of \$150.00.

Thank you for your attention to this matter.

Sincerely yours,



Dolores Vela-Fernandez

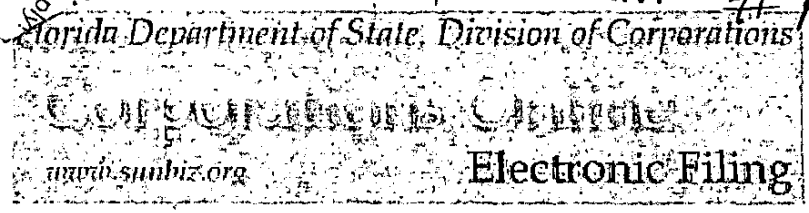
Report is due
Penalty fee may apply
for official notice.
within 24-48 hours!
click icon to
a week
ess accepted.

Online Payment

Page 1 of 1

ATTACHMENT

50024566
P04000124793



Online Payment System

Please Confirm Billing Information

Transaction Amount: **\$150.00**

Email Address: **lollluls19@aol.com**

Billing Name: **D VELAFERNANDEZ**

Billing Address: **5815 SW 5 ST**

Billing City: **MIAMI**

Billing State: **FL**

Billing Zip: **33144-**

Billing Phone Number: **786 3269197**

Payment Method: **AMEX**

Credit Card Number: **372797931101001**

Credit Card Expiration Date: **02/2008**

Important Notice: Clicking the "Pay Now" button below more than one time may result in multiple charges to your account. Please click on the "Pay Now" button only one time. Please be patient. Your order is being processed.

[Back](#) [Pay Now](#)