


FILED  
May 02, 2007 8:00 am  
Secretary of State

05-02-2007 90325 001 \*\*\*150.00  
05-02-2007 90325 002 \*\*\*\*\*8.75

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

66012717

<b>DOCUMENT # P06000054207</b>			
1. Entity Name <b>PIXI SAND-BLAST CORP.</b>			
Principal Place of Business <b>1113 NW 33RD AVE MIAMI, FL 33125</b>		Mailing Address <b>1113 NW 33RD AVE MIAMI, FL 33125</b>	
2. Principal Place of Business - No P.O. Box # <b>1113 NW 33 Ave</b>		3. Mailing Address <b>1113 NW 33 Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>	
Zip <b>33125</b>		Zip <b>33125</b>	
Country <b>FLA</b>		Country <b>FLA</b>	
4. FEI Number <b>20-4735780</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>JOVA, WILLIAM 1113 NW 33RD AVE MIAMI, FL 33125</b>		7. Name and Address of New Registered Agent Name <b>Pixel Sandblast Corp</b> Street Address (P.O. Box Number is Not Applicable) <b>1113 NW 33 Ave</b> City <b>Miami</b> FL Zip Code <b>33125</b>	
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 <b>Will Jova</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>April 30/07</b>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	<b>P JOVA, WILLIAM 1113 NW 33RD AVE MIAMI, FL 33125</b> <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	<b>V REY, SANTA 1113 NW 33RD AVE MIAMI, FL 33125</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Santa Rey 1260 NW 34 Ave Miami FLA 33125</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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	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: <b>Will Jova</b>		Date <b>April 30/2007</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	