

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90050 046 ***150.00

DOCUMENT # P95000079996

1. Entity Name
PIXEL GRAPHICS, INC.



Principal Place of Business
**7905 HOPI PL
TAMPA FL 33634**

Mailing Address
**7905 HOPI PL
TAMPA FL 33634**



2. Principal Place of Business
2903 W. BAYVIEW

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State
TAMPA FL

Zip
33711

Country
USA

Zip

Country

4. FEI Number **59-3343333**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MONSLAVE, LOUISE
7905 HOPI PLACE
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name **MONSALVE, LOUISE**
Street Address (P.O. Box Number is Not Acceptable)
2903 W BAYVIEW

City **TAMPA** FL Zip Code **33611**

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

LOUISE MONSALVE

4/9/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

**After May 1, 2003 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

TITLE **D** ☐ Delete
NAME **MONSALVE, JORGE L**
STREET ADDRESS **7905 HOPI PLACE 2903 W. BAYVIEW**
CITY-ST-ZIP **TAMPA FL 33611 TAMPA FL 33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **MONSALVE, JORGE**
STREET ADDRESS **2903 W BAYVIEW**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Change ☐ Addition
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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 to an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Monsalve 4/9/03

Date

Daytime Phone #

CR2E034 (10/02)