

FILED  
Mar 13, 2006 08:00  
Secretary of State

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F95000003795

1. Entity Name  
SIRI LIMITED CORP.



Principal Place of Business

1420 SUNNYHILLS DR  
BRANDON, FL 33510 US

Mailing Address

P.O. BOX 115  
MANGO, FL 33550 US



**DO NOT WRITE IN THIS SPACE**

03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3331000	Applied For Not Applicable
5. Certificate of Status Desired	
<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when rehaling)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ROSSI, UMBERTO  
STREET ADDRESS VIA PESTALOZZA 8  
CITY-ST-ZIP MILAN-ITALY, 20131

TITLE D  
NAME GARCIA, GERARD  
STREET ADDRESS 14 ST. MICHAELS CLOSE  
CITY-ST-ZIP CROWDER, EAST SUSSEX, tn6 2pt

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

03012006 1444620  
03/22/06 80003-011 150.00

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IN THIS SPACE**

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:

Umberto Rossi 3/1/06 +390295882327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #