

2006 FOR PROFIT CORPORATION ANNUAL REPORT


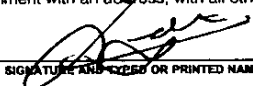
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Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90352 026 ***150.00

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03302006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000058142			
1. Entity Name SELENIUM INVESTMENTS CORP.			
Principal Place of Business 5805 BLUE LAGOON DR., #285 MIAMI, FL 33126		Mailing Address 5805 BLUE LAGOON DR., #285 MIAMI, FL 33126	
2. Principal Place of Business		3. Mailing Address 5944 CORAL RIDGE DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 205	
City & State		City & State CORAL SPRINGS, FL	
Zip	Country	Zip	Country
		33076	USA
4. FEI Number 51-0422592		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VIGO, LUIS 5805 BLUE LAGOON DR., #285 MIAMI, FL 33126		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P <input type="checkbox"/> Delete COIRA CARLOS 2875 N.E. 191ST ST., #801 AVENTURA, FL 33126	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
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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: 		CARLOS A COIRA	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/31/06 Daytime Phone # 954 7208822	