

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90352 026 \*\*\*150.00

**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**

00000001



2. Principal Place of Business

3. Mailing Address

**5944 CORAL RIDGE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**205**

03302006

Chg-P

CR2E034 (11/05)

City & State

City & State

**CORAL SPRINGS, FL**

4. FEI Number

**51-0422592**

Applied For

Not Applicable

Zip

Country

Zip

**33076**

Country

**USA**

5. Certificate of Status Desired ☐

**\$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

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

(NOTE: Registered Agent signature required when re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **CORRA CARLOS**  
STREET ADDRESS **2875 N.E. 191ST ST., #801**  
CITY-ST-ZIP **AVENTURA, FL 33126**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**CARRASCO A COITZ**

**3/31/06**

Date

**954 7208822**

Daytime Phone #