## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000051036

City-St-Zip:

Entity Name: SERIES INVESTMENTS LIMITED INC

FILED Apr 17, 2007 Secretary of State

	OLIVIEC	, III V LOTIVILI VI						
Current Principal Place of Business:				New Prince	New Principal Place of Business:			
KEY COLO	IDON BOULE DNY UNIT #3 AYNE, FL 33	306						
Current Mailing Address:				New Mailing Address:				
	EWOOD CIR FL 33332	CLE US						
FEI Number	: 65-0429455	FEI Number A	Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
3074 LAKE	HELDON P.A EWOOD CIR FL 33332							
	named entity of Florida.	submits this st	atement for the po	urpose of changing	ts registered	d office or registered agent, or both,		
SIGNATU	RE:							
	Electro	onic Signature o	f Registered Age	nt		Date		
Election Car	npaign Financi	ng Trust Fund Co	ntribution ( ).					
OFFICER	S AND DIRE	CTORS:		ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTO	RS:	
Title: Name: Address: City-St-Zip:	DE LUQUI, LI 181 CRANDO	) Delete A DE K N BLVD. UNIT 306 NE, FL 33149	KEY COLONY#4	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DE LUQUI, LI 181 CRANDO	) Delete A DE K. N BLVD. UNIT 306 NE, FL 33149	KEY COLONY #4	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address:	(	) Delete		Title: Name: Address:	DE MALM M	( ) Change (X) Addition ORGAN, CECILIA ELENA L DN BOULEVARD UNIT 306 KEYCOLONY		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

KEY BISCAYNE, FL 33149

SIGNATURE: LIA DE K DE LUQUI P 04/17/2007