

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051036

FILED  
Apr 04, 2008  
Secretary of State

Entity Name: SERIES INVESTMENTS LIMITED, INC.

## Current Principal Place of Business:

181 CRANDON BOULEVARD  
KEY COLONY UNIT # 306  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

## Current Mailing Address:

3074 LAKEWOOD CIRCLE  
WESTON, FL 33332 US

## New Mailing Address:

FEI Number: 65-0429455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EVANS, SHELDON P.A.  
3074 LAKEWOOD CIRCLE  
WESTON, FL 33332 US

## Name and Address of New Registered Agent:

EVANS, SHELDON . PA  
3074 LAKEWOOD CIRCLE  
WESTON, FL 33332 US

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.

SIGNATURE: SHELDON EVANS

04/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DE LUQUI, LIA DE K  
Address: 181 CRANDON BLVD. UNIT 306 KEY COLONY#4  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S ( ) Delete  
Name: DE LUQUI, LIA DE K.  
Address: 181 CRANDON BLVD. UNIT 306 KEY COLONY #4  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete  
Name: DE MALM MORGAN, CECILIA ELENA L  
Address: 181 CRANDON BOULEVARD UNIT 306 KEYCOLONY  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS ( ) Change (X) Addition  
Name: EVANS, SHELDON AS  
Address: 3074 LAKEWOOD CIRCLE  
City-St-Zip: WESTON, FL 33332

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: LIA DE K DE LUQUI

P

04/04/2008

Electronic Signature of Signing Officer or Director

Date