

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051036

FILED  
Apr 05, 2011  
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 . PA  
3074 LAKEWOOD CIRCLE  
WESTON, FL 33332 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

**Title:** AS  
**Name:** EVANS, SHELDON  
**Address:** 3074 LAKEWOOD CIRCLE  
**City-St-Zip:** WESTON, FL 33332

I hereby 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 all other like empowered.

**SIGNATURE:** SHELDON EVANS

AS

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date