

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F66655**

1. Entity Name  
**BRITISH TOURIST, INC.**



Principal Place of Business  
**10130 WOODBURY CT  
PEMBROKE PINES, FL 33026 US**

Mailing Address  
**10130 WOODBURY CT  
PEMBROKE PINES, FL 33026 US**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2208286**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HAYES, MICHAEL  
10130 WOODBURY CT  
PEMBROKE PINES, FL 33026**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HAYES, MICHAEL  
STREET ADDRESS 10130 WOODBURY CT  
CITY-ST-ZIP PEMBROKE PINE, FL 330267

TITLE TD  
NAME HAYES, JUANA VICTORIA  
STREET ADDRESS 10130 WOODBURY CT  
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE VS  
NAME HAYES, JUANA VICTORIA  
STREET ADDRESS 10130 WOODBURY CT  
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000616049  
02/07/07-80013-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

**MICHAEL HAYES, PRESIDENT**

**1/5/07**

**954-442-3709**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #