

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90036 021 ***150.00

DOCUMENT # F66655

1. Entity Name
BRITISH TOURIST, INC.



Principal Place of Business
**902 LAKE WELLINGTON DR
WELLINGTON, FL 33414 US**

Mailing Address
**902 LAKE WELLINGTON DR
WELLINGTON, FL 33414 US**

2. Principal Place of Business
10130 WOODBURY CT
Suite, Apt. #, etc.

3. Mailing Address
10130 WOODBURY CT
Suite, Apt. #, etc.



01192004 Chg-P CR2E034 (10/03)

City & State
PEMBROKE PINES, FL
Zip
33026 Country
US

City & State
PEMBROKE PINES, FL
Zip
33026 Country
US

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
902 LAKE WELLINGTON DR
WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name **HAYES, MICHAEL**
Street Address (P.O. Box Number is Not Acceptable)
10130 WOODBURY CT
City **PEMBROKE PINES** FL Zip Code **33026**

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.

MICHAEL HAYES, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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** ☐ Delete
NAME **HAYES, MICHAEL**
STREET ADDRESS **902 LAKE WELLINGTON DR**
CITY-ST-ZIP **WELLINGTON, FL**

TITLE **TD** ☐ Delete
NAME **HAYES, JUANA VICTORIA**
STREET ADDRESS **902 WELLINGTON DR**
CITY-ST-ZIP **WELLINGTON, FL**

TITLE **VS** ☐ Delete
NAME **HAYES, JUANA VICTORIA**
STREET ADDRESS **902 WELLINGTON DR**
CITY-ST-ZIP **WELLINGTON, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **HAYES, MICHAEL**
STREET ADDRESS **10130 WOODBURY CT**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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

MICHAEL HAYES, PRESIDENT

Date

Daytime Phone #

1/19/04 (954) 462-3709