


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F66655 1. Entity Name BRITISH TOURIST, INC.	
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Principal Place of Business 10130 WOODBURY CT PEMBROKE PINES, FL 33026 US	Mailing Address 10130 WOODBURY CT PEMBROKE PINES, FL 33026 US
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2208286	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$3.75 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, MICHAEL 10130 WOODBURY CT PEMBROKE PINE, FL 330267
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYES, JUANA VICTORIA 10130 WOODBURY CT PEMBROKE PINES, FL 33026
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HAYES, JUANA VICTORIA 10130 WOODBURY CT PEMBROKE PINES, FL 33026
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/12/06-80039-004 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HAYES - MICHAEL HAYES, PRESIDENT 1/8/06 (954) 442-3709