


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M43136</b> 1. Entity Name BRITISH LIMOUSINE SERVICE INC.	
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Principal Place of Business 1060 NW 53RD STREET FT. LAUDERDALE, FL 33309	Mailing Address P.O. BOX 23576 FORT LAUDERDALE, FL 33307
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**DO NOT WRITE IN THIS SPACE**

07222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0001159	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

BALLBE, CARLOS ALBERTO  
1060 NW 53RD STREET  
FORT LAUDERDALE, FL 33309

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALLBE, CARLOS ALBERTO 992 NW 51 PL FT. LAUDERDALE, FL
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1100000377031  
08/25/05-80002-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fees empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #