


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2006 08:00 AM
Secretary of State

DOCUMENT # M43136 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



05132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0001159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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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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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:  **5/28/06 (RST) 563-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #