

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.



Principal Place of Business
**1060 NW 53RD STREET
 FT. LAUDERDALE, FL 33309**

Mailing Address
**P.O. BOX 23576
 FORT LAUDERDALE, FL 33307**

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 **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000966871
 06/07/06-80002-005 150.00

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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 powers.

SIGNATURE:  **5/28/06 (214) 563-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #