

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000038044

1. Entity Name  
BRITISH CLEANERS, INC.



Principal Place of Business  
2750 SW26TH AVENUE  
STE F  
COCONUT GROVE, FL 33133

Mailing Address  
2750 SW26TH AVENUE  
STE F  
COCONUT GROVE, FL 33133

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 03, 2006 8:00 am  
Secretary of State**

05-03-2006 90202 047 \*\*\*150.00



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0432388	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

SOMEILLAN, JULIO C  
9225 COLLINS AVENUE  
APT PH-E  
SURFSIDE, FL 33154

**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	P SMIT, PETER 210 RIDGEWOOD ROAD CORAL GABLES, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

*P. Smit*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.06 3058582081

Date

Daytime Phone #