

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-03-2006 90202 047 ***150.00

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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



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0432388

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 P
NAME SMIT, PETER
STREET ADDRESS **2750 SW 26TH AVE #F**
CITY-ST-ZIP **210 RIDGEWOOD ROAD
CORAL GABLES, FL 33133 MIAMI, FL 33133**

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.24.06 305858 2081