


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000070196			
1. Entity Name WELLINGTON MALL SUBWAY, INC.			
Principal Place of Business 767 S STATE ROAD 7 SUITE 13 MARGATE, FL 33008		Mailing Address 767 S STATE ROAD 7 SUITE 13 MARGATE, FL 33008	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt # etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KARIM, MOHAMMED H 767 S STATE ROAD 7 MARGATE, FL 33008		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVPS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARIM, MOHAMMED H	NAME	U000000137089
STREET ADDRESS	767 S STATE ROAD 7 SUITE 13	STREET ADDRESS	04/29/04-80025-023 150.00
CITY-ST-ZIP	MARGATE, FL 33008	CITY-ST-ZIP	
TITLE	DPT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJID, AFZAL	NAME	
STREET ADDRESS	767 S STATE ROAD 7 SUITE 13	STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33008	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>M. H. Kaer</u>		Date: <u>4-12-04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	