



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90230 020 \*\*\*150.00

<b>DOCUMENT # P02000062788</b>			
1. Entity Name <b>DOWNTOWN SUBWAY EAST, INC.</b>			
Principal Place of Business <b>4809 EAST BUSCH BLVD SUITE 202 TAMPA, FL 33617</b>		Mailing Address <b>4809 EAST BUSCH BLVD SUITE 202 TAMPA, FL 33617</b>	
2. Principal Place of Business <b>620 Twigg</b>		3. Mailing Address <b>P.O. Box 290766</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>	
Zip <b>33602</b>	Country	Zip <b>33687-0766</b>	Country
6. Name and Address of Current Registered Agent <b>KHAN, KHALID J 4809 EAST BUSCH BLVD SUITE 202 TAMPA, FL 33617</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KHAN, NANCY C 4809 EAST BUSCH BLVD SUITE 202 TAMPA, FL 33617</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KHAN, MASOOD K 4809 EAST BUSCH BLVD SUITE 202 TAMPA, FL 33617</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		4/26/04 (813) 985-7899	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	