
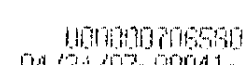


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000025985</b>					
1. Entity Name SUBWAY 786 INC.					
Principal Place of Business 10041 CLEARY BLVD PLANTATION, FL 33324			Mailing Address 10041 CLEARY BLVD PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03222007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 56-2322545	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ABBASAKOOR, MOHAMMED 1397 SW 181ST AVE PEMBROKE PINES, FL 33029			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, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABBASAKOOR, MOHAMMED		NAME	 04/24/07-80041-010 150.00	
STREET ADDRESS	1397 SW 181ST AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AZIZ, MAHMOOD		NAME		
STREET ADDRESS	5336 NW 116TH AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AZIZ, AKHTAR		NAME		
STREET ADDRESS	471 SW 182ND WAY		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAIQ, ASIM		NAME		
STREET ADDRESS	18108 SW 24TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DADA, KHATOON N		NAME		
STREET ADDRESS	471 SW 182 WAY		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	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 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: 			4/16/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		