


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90032 032 ***150.00

DOCUMENT # P03000025985

1. Entity Name
SUBWAY 786 INC.




Principal Place of Business Mailing Address
10041 CLEARY BLVD **10041 CLEARY BLVD**
PLANTATION, FL 33324 **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

Zip Country Zip Country

4002000



02122008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
56-2322545 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABBASAKOOR, MOHAMMED
1397 SW 181ST AVE
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	ABBASAKOOR, MOHAMMED	
STREET ADDRESS	1397 SW 181ST AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	AZIZ, MAHMOOD	
STREET ADDRESS	5336 NW 116TH AVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AZIZ, AKHTAR	
STREET ADDRESS	471 SW 182ND WAY	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LAIQ, ASIM	
STREET ADDRESS	18108 SW 24TH ST.	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	S	<input type="checkbox"/> Delete
NAME	DADA, KHATOON N	
STREET ADDRESS	471 SW 182 WAY	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Abbasa* **DATE:** *FEB 12 2008*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #