## 2004 FOR PROFIT CORPORATION

an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

12.

## Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000057975 04-30-2004 90253 021 \*\*\*150.00 735 SUBWAY, INC. 94075627 Principal Place of Business Mailing Address 9900 SOUTHERN BLVD 767 SOUTH STATE ROAD 7 ROYAL PALM BEACH, FL 33411 SUITE 13 MARGATE, FL 33068 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182004 CR2E034 (10/03) City & State City & State Applied For Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAJID, AFZAL Street Address (P.O. Box Number is Not Acceptable) 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068 City 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 Signature typed or printed name of registered agont and title it applicable संबद्धिक विभव्न प्राणका वेद्यमा प्रवास संबद्धा स्थापन स्था व्यापन व्यापन 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, DPT TITLE Addition TITLE ☐ Delete MAJID, AFZAL NAME NAME 1408 S POWERLINE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIP DVPS TITLE Delete TITLE ☐ Change Addition KARIM, MOHAMMED NAME NAME STREET ADDRESS PO BOX 840943 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33084 CITY-ST-ZIP Addition TITLE . Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Additron TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition ☐ Delete HILE Change NAME NAME STREET ADDRESS STREET ADDRESS 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify may 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

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