2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Secretary of State DOCUMENT # P03000057975 02-04-2005 90038 021 ***150.00 1. Entity Name 735 SUBWAY, INC. Principal Place of Business Mailing Address 40012280 9900 SOUTHERN BLVD 767 SOUTH STATE ROAD 7 ROYAL PALM BEACH, FL 33411 SUITE 13 MARGATE, FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 02-0693005 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAJID, AFZAL Street Address (P.O. Box Number is Not Acceptable) 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068 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 agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OPT Change TITLE ☐ Delete TILE DPT Addition MAJID, AFZAL NAME NAME Majid, Afzal STREET ADDRESS 1408 S POWERLINE ROAD STREET ADDRESS 767 S. State Road 7 Suite 13 CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIE IRE DVPSMARGATE, F1. 33068 **DVPS** TITLE ☐ Delete Change Addition KARIM, MOHAMMED NAME NAME Karim, Mohammed STREET ADDRESS PO BOX 840943 STREET ADDRESS 767 S. State Road 7 Suite 13 PEMBROKE PINES, FL 33084 CITY-ST-ZIP CITY-ST-ZIP F1 <u>Margate.</u> TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 further 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 attactiment with an address, with all other life-empowered.

FILED Feb 04, 2005 8:00 am