



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90038 016 ***150.00

DOCUMENT # P03000073980						
1. Entity Name 6569 SUBWAY, INC.						
Principal Place of Business 1930 E SUNRISE BLVD FT. LAUDERDALE, FL 33304 US			Mailing Address 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	01112005	Chg-P	CR2E034 (10/03)
4. FEI Number 13-4256940				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
KARIM, MOHAMMED 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPT <input type="checkbox"/> Delete	TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KARIM, MOHAMMED	NAME	Karim, Mohammed			
STREET ADDRESS	PO BOX 840943	STREET ADDRESS	767 S. State Road 7 Suite 13			
CITY-ST-ZIP	PEMBROKE PINES, FL 33084	CITY-ST-ZIP	Margate, Fl. 33068			
TITLE	DVPS <input type="checkbox"/> Delete	TITLE	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MAJID, AFZAL	NAME	Majid, Afzal			
STREET ADDRESS	1408 SO POWERLINE ROAD	STREET ADDRESS	767 S. State Road 7 Suite 13			
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	Margate, Fl. 33068			
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		NAME	Majid, Shafi			
STREET ADDRESS		STREET ADDRESS	767 S. State Road 7 Suite 13			
CITY-ST-ZIP		CITY-ST-ZIP	Margate, Fl. 33068			
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		NAME	Mysonrewela, Idra			
STREET ADDRESS		STREET ADDRESS	767 S. State Road 7 Suite 13			
CITY-ST-ZIP		CITY-ST-ZIP	Margate, Fl. 33068			
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		NAME	Shakeel, Mohammed			
STREET ADDRESS		STREET ADDRESS	767 S. State Road 7 Suite 13			
CITY-ST-ZIP		CITY-ST-ZIP	Margate, Fl. 33068			
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 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: <i>M. H. Karim</i>		M.H. Karim		1/28/05 954-978-9582		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		