

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90354 010 \*\*\*150.00

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02232006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000083103</b>			
1. Entity Name SUBWAY ANDROS ISLES, INC.			
Principal Place of Business 508 E BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435		Mailing Address 508 E BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435	
2. Principal Place of Business		3. Mailing Address <i>2309 LINDWOOD CIRCLE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>ROYAL PALM BEACH FL</i>	
Zip	Country	Zip <i>33411</i>	Country <i>USA</i>
4. FEI Number 20-1173652		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	
MOSKOVITZ, DANIEL S ESQ 48 E FLAGLER ST PH 104 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D SAGER, STEVEN 508 E BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i>		Date: <i>3-10-06</i> Daytime Phone #: <i>954-328-0975</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	