


**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90111 029 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

57

<b>DOCUMENT # P06000051219</b>					
1. Entity Name <b>SUBWAY 29921 INC</b>					
Principal Place of Business <b>20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180</b>			Mailing Address <b>20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-4667592</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ARS &amp; ASSOCIATES INC</b> <b>20810 WEST DIXIE HIGHWAY</b> <b>NORTH MIAMI BEACH, FL 33180</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAJID, AFZAL</b>		NAME		
STREET ADDRESS	<b>20810 WEST DIXIE HIGHWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33180</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARIM, MOHAMMED H</b>		NAME		
STREET ADDRESS	<b>20810 WEST DIXIE HIGHWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33180</b>		CITY-ST-ZIP		
TITLE	TREA	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAVIWALA, QADIR A</b>		NAME		
STREET ADDRESS	<b>20810 WEST DIXIE HIGHWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33180</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>VP Khushwinder Kaur</b>	
STREET ADDRESS			STREET ADDRESS	<b>20810 West Dixie Hwy</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>North Miami Beach, FL 33180</b>	
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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 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: <u>Khushwinder Kaur</u>			Date: <u>4-26-07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66011000



01262007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

8.75 Additional Fee Required

FL Zip Code

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">TITLE</td> <td style="width: 60%; padding: 5px;">P</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td colspan="2" style="padding: 5px;"><b>MAJID, AFZAL</b></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2" style="padding: 5px;"><b>20810 WEST DIXIE HIGHWAY</b></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px;"><b>NORTH MIAMI BEACH, FL 33180</b></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">VP</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td colspan="2" style="padding: 5px;"><b>KARIM, MOHAMMED H</b></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2" style="padding: 5px;"><b>20810 WEST DIXIE HIGHWAY</b></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px;"><b>NORTH MIAMI BEACH, FL 33180</b></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">TREA</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td colspan="2" style="padding: 5px;"><b>NAVIWALA, QADIR A</b></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2" style="padding: 5px;"><b>20810 WEST DIXIE HIGHWAY</b></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px;"><b>NORTH MIAMI BEACH, FL 33180</b></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px;"></td> </tr> </table>	TITLE	P	<input type="checkbox"/> Delete	NAME	<b>MAJID, AFZAL</b>		STREET ADDRESS	<b>20810 WEST DIXIE HIGHWAY</b>		CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33180</b>		TITLE	VP	<input type="checkbox"/> Delete	NAME	<b>KARIM, MOHAMMED H</b>		STREET ADDRESS	<b>20810 WEST DIXIE HIGHWAY</b>		CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33180</b>		TITLE	TREA	<input type="checkbox"/> Delete	NAME	<b>NAVIWALA, QADIR A</b>		STREET ADDRESS	<b>20810 WEST DIXIE HIGHWAY</b>		CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33180</b>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; 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SIGNATURE: Khushwinder Kaur Date: 4-26-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR