


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-04-2005 90038 022 \*\*\*150.00

**DOCUMENT # P99000083909**

1. Entity Name  
 1044 SUBWAY, INC.



40012279



Principal Place of Business  
 2534 NORTH STATE ROAD 7  
 MARGATE, FL

Mailing Address  
 2534 NORTH STATE ROAD 7  
 MARGATE, FL

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

Zip  
 Country

01112005 Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0949240

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAJID, AFZAL  
 767 S. State Road 7 Suite 13  
 Margate, Fl. 33068

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS KARIM, MOHAMMED H 2534 NORTH STATE ROAD 7 MARGATE, FL <input type="checkbox"/> Delete	TITLE DVPS NAME STREET ADDRESS CITY-ST-ZIP	Karim, Mohammed H. 767 S. State Road 7 Suite 13 Margate, Fl. 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MAJID, AFZAL 2534 NORTH STATE ROAD 7 MARGATE, FL <input type="checkbox"/> Delete	TITLE DPT NAME STREET ADDRESS CITY-ST-ZIP	Majid, Afzal 767 S. State Road 7 Suite 13 Margate, Fl. 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE DV NAME STREET ADDRESS CITY-ST-ZIP	Majid, Shafi 767 S. State Road 7 Suite 13 Margate, Fl. 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE DV NAME STREET ADDRESS CITY-ST-ZIP	Naviwala, Qadira 767 S. State Raod 7 Suite 13 Margate, Fl. 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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

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: Al Majid 1/28/05 954-978-9582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #