


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 696576</b> 1. Entity Name 56TH ST. SUBWAY, INC.	
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Principal Place of Business 8840 NO 56 STR TEMPLE TERRACE, FL 33617 US	Mailing Address P.O. BOX 290766 TAMPA, FL 33687 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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01162004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-2108720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  KHAN, MASOOD K. 4809 E BUSCH STE 202 TAMPA, FL 33617
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KHAN, MASOOD K. 4809 E BUSCH STE 202 TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KHAN, NANCY C. 4809 E BUSCH STE 202 TAMPA, FL 33617
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **4/26/04** **(813) 985-7899**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No. Phone #