2007 FOR PROFIT CORPORATION

FILED May 14, 2007 8:00 am Secretary of State

05-14-2007 90084 007 ***150.00

ANNUAL REPORT	
DOCUMENT # F53702 1. Enlity Name SUBWAY DEVELOPMENT & MANAGEMENT CO., INC.	

4011024 Principal Place of Business Mailing Address 7540 NW 5 STREET 3550 GALT OCEAN DRIVE # 1102 FT. LAUDERDALE, FL 33308 PLANTATION, FL 33317 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 400 N PINE ISLAND RD 400 N PINE ISLAND RD Suite. Apt. #, etc. 300 Suite. Apt. #, etc. 300 04202007 Chg-P CR2E034 (12/06) City & State
PLANIATION, FLORIDA City & State 4. FEI Number Applied For PLANIALION, FLORIDA 59-2423732 Not Applicable 33324 33324 Country I FA \$8.75 Additional 5. Certificate of Status Desired П USA. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLES B SERABIAN SERABIAN, CHARLES B. Street Address (P.O. Box Number is Not Acceptable)
400 N PINE ISLAND RD #300 11950 NW 6 ST PLANTATION, FL 33325 City Zi33324 PLANIALION 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. SERABIAN CHARLES 4/20/07 gred game of registered agent and late if applicable (NOTE: Registered Agent signature reduced when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition MAKAS SERABIAN, CHARLES B. NAME SERABIAN, CHARLES B. STREET ADDRESS 11950 NW 6 ST STREET ADDRESS 400 N PINE ISLAND RD #300 CITY-ST-ZIP PLANTATION, FL 33324 CITY ST-ZIP PLANIAUTON, FL 33324 TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST. 2IP TITLE ☐ Delete Int ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS City-St-ZiP CITY - ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI ZIP TITLE ☐ Delete HHE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 receive 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:

NESSULAT CHERLY SEROSIEN GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR