


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # H97209 1. Entity Name SAN JUAN SUBWAY, INC.			
Principal Place of Business 813 LOMAX ST JACKSONVILLE, FL 32205 US		Mailing Address 1030 UNIVERSITY BLVD. NO. JACKSONVILLE, FL 32211	
DO NOT WRITE IN THIS SPACE			
		01142004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2643857	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
FRANCO, PHILIP H. 1030 UNIVERSITY BLVD. NO. JACKSONVILLE, FL 32211		DO NOT WRITE IN THIS SPACE	
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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000056343 02/19/04-80016-010 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRANCO, PHILIP H. 1030 UNIVERSITY BLVD. NO. JACKSONVILLE, FL 32211		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FRANCO, FRED 6939 RIVERSEDGE ST CIRCLE BRADENTON, FL 34202		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ADAMS, WALTER E. 2522 FARRIER LN. RESTON, VA 22091		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
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: <i>Philip H. Franco</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-17-04 <small>Date</small>	904-743-8084 <small>Daytime Phone #</small>