## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K28584

FILED Apr 29, 2009 Secretary of State

Entity Name: SUBWAY 4144, INC. C/O MAKVIN SAGER

		e of Busi	iness:	New Princip	oal Place of Business:	
	V. 14TH STRE KE PINES, FL		US			
Current M	lailing Addre	ss:		New Mailing	g Address:	
13036 N.V	V. 14TH STRE	EET				
PEMBRO	KE PINES, FL	33028	US			
FEI Number	: 65-0057585	FEI Nu	mber Applied For()	FEI Number Not Applic	able ( ) Certificate of Status Desired (	)
Name and	l Address of	Current I	Registered Agent:	Name and A	ddress of New Registered Agent:	
13036 N.W	NLA, WAHID V. 14TH STRE KE PINES, FL		US			
	named entity e of Florida.	submits	this statement for the	purpose of changing its	registered office or registered agent, or k	oth,
SIGNATUI	RE:					
	Electro	nic Signa	ture of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fu	und Contribution ( ).			
OFFICER	S AND DIREC	CTORS:		ADDITIONS	CHANGES TO OFFICERS AND DIREC	TOR
Name: Address:	D ( PATEL, ABUB 239 NE 167TH N MIAMI BCH,	STREET		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PATEL, ABUB 239 NE 167TH N MIAMI BCH,	KR S I STREET FL 33162 ) Delete WAHID 4TH STREE	e <b>T</b>	Name: Address:	()Change ()Addition ()Change ()Addition	
Name: Address: City-St-Zip: Title: Name: Address:	PATEL, ABUB 239 NE 167TH N MIAMI BCH, P ( GHANIWALA, 13036 N.W. 1 PEMBROKE F	KR S I STREET FL 33162 ) Delete WAHID 4TH STREE PINES, FL 3 ) Delete AZI I STREET	ET 33028 US	Name: Address: City-St-Zip: Title: Name: Address:	· · · · · · · · · · · · · · · · · · ·	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	PATEL, ABUB 239 NE 167TH N MIAMI BCH, P ( GHANIWALA, 13036 N.W. 1: PEMBROKE F D ( SAMANA, GHA 239 NE 167TH	KR S I STREET FL 33162  ) Delete WAHID 4TH STREE PINES, FL 3  ) Delete AZI I STREET FL 33162  ) Delete HED H PLACE	ET 33028 US	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition	
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Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAHID GHANIWALA Ρ 04/29/2009 Date