2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 02, 2007 8:00 am Secretary of State DOCUMENT # L96086 1. Entity Name 05-02-2007 90042 030 ***150.00 MIAMI SUBS USA, INC. Principal Place of Business Mailing Address 6300 NW 31ST AVE. 6300 NW 31ST AVE. 40001--FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 65-0220357 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **B&C CORPORATE SERVICES, INC.** Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER, 21ST FL 2 SOUTH BISCAYNE BLVD MIAMI, FL 33131 Zip Code City FL 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. Signature, typed or printed parre of registered agent and gite if applicable, DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change TITLE **CCEO** ☐ Delete TITLE 1400 OLD COUNTRY FOAD SVITE 400 LORBER, HOWARD NAME STREET ADDRESS 1400 OLD COUNTY RD SUITE 400 CITY-ST-ZIP CITY-ST-ZIP WESTBURY, NY 11590 PC00 Change ☐ Addition TITLE □ Delete TITLE PERLYN, DONALD NAME NAME 6300 NW 31ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33309 TITLE ☐ Addition TITLE ☐ Delete NAME NORBITZ, WAYNE NAME STREET ADDRESS 1400 OLD COUNTY RD SUITE 400 STREET ADDRESS WESTBURY, NY 11590 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE DEVOS, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 1400 OLD COUNTY RD SUITE 400 CITY-ST-ZIP WESTBURY, NY 11590 CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE VS. ☐ Delete WODA, JERRY NAME NAME STREET ADDRESS 6300 NW 31ST AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY - ST- ZIP CEO **Change** ☐ Addition ☐ Delete TITLE GATOFF, ERIC NAME 1400 OLD COUNTY RD SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTBURY, NY 11590 12. I hereby 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 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.

FILED