

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90331 041 ***150.00

DOCUMENT # M97183
 1. Entity Name
 DOWNTOWN SUBWAY, INC.



Principal Place of Business
 212 E MADISON
 TAMPA, FL 33601 US

Mailing Address
 212 E CASS STREET
 TAMPA, FL 33602 US

40072284



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2895072	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHAN, MASOOD K.
 212 E CASS STREET
 TAMPA, FL 33602

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHAN, MASOOD K 212 E CASS STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KHAN, NANCY C. 212 E CASS STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, YASMEEN E. 212 E CASS STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, SOOFIA S 212 E CASS STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, KHALID J 212 E CASS STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Masood Khan 4/21/06 (813) 985-7899
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #