

**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 ☐ **\$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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

Date

(813)

985-7899

Daytime Phone #