

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

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, 2007 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	

U00000737327
05/11/07-80023-019 150.00

**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

4/24/07
Date

(813) 985-7899
Daytime Phone #