## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000072686

Address:

City-St-Zip:

16226 NW 101 STREET

PEMBROKE PINES, FL 33023

FILED Feb 19, 2005 Secretary of State

Entity Nar	<b>ne:</b> 125TH S	UBWAY INC.					
Current P	rincipal Plac	e of Business:	New Principal Place of Business:				
965 NE 12 NORTH M	5TH STREET IAMI, FL						
Current Mailing Address:			New Mailing Address:				
19420 NW PEMBROK	3RD CT KE PINES, FL	33029					
FEI Number:	65-1030129	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status De	sired ( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
19420 NW	VALA, IDRIS 3RD CT KE PINES, FL	33029 US					
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered o	office or registered age	ent, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Age	ent	Date			
Election Car	npaign Financir	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MYSOREWAL 19420 NW 3R		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VO ( KAREM, MOHA 3001 BOGOZA CORAL CITY,	AVE	Title: Name: Address: City-St-Zip:	VO (X KARIM, MOHA 3001 BOGOZA CORAL CITY,	A AVE		
Title: Name: Address: City-St-Zip:	MAJIJ, AFZAL 1408 S POWE	) Delete RLINE RD ACH, FL 33069	Title: Name: Address: City-St-Zip:	MAJID, AFZAL 1408 S POWE			
Title: Name:	VO ( JAMIL, MOHAI	) Delete //MED	Title: Name:	(	) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida 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.

Address:

City-St-Zip:

SIGNATURE: IDRIS MYSOREWALA Ρ 02/19/2005