


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**ORIGINAL**  
May 01, 2008 08:00 AM  
Secretary of State

DOCUMENT # P01000029583  
1. Entity Name  
SUB DELI INC.



Principal Place of Business      Mailing Address  
2501 N DIXIE HWY                      2501 N DIXIE HWY  
WEST PALM BEACH, FL 33407        WEST PALM BEACH, FL 33407

**DO NOT WRITE IN THIS SPACE**



04092008      No Chg-P      CR2E034 (11/05)

4. FEI Number 65-1097285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
KULBACKY, MARK  
5729 57TH WAY  
WEST PALM BEACH, FL 33409

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000340113 05/28/08-80052-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KULBACKY, MARK 5729 57TH WAY WEST PALM BEACH, FL 33409
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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: *Mark Kulbacky*      Date: 5/27/08      Daytime Phone: 561-833-8918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR