2004 FOR PROFIT CORPORATION ANNUAL REPORT

indicated on this report or supple

of the corporation or the received

SIGNATURE:

Jul 19, 2004 8:00 am **Secretary of State** DOCUMENT # P01000050867 1. Entity Name 07-19-2004 90015 032 ***150.00 SUBWAY PLAZA, INC. Principal Place of Business Mailing Address 10563 TAMIAMI TRAIL NORTH 10563 TAMIAMI TRAIL NORTH NAPLES, FL 34108 NAPLES, FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 07112004 Chg-P - - CR2E034 (10/03)-----City & State City & State 4. FEI Number Applied For 59-3725280 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DATEL PATA PATEL, SUNALI Street Address (P.O. Box Number is Not Acceptable) 10563 TAMIAMI TRAIL NORTH NAPLES, FL 34108 Manchester 8. The above named entity submits this statement 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE 💢 Change Addition NAME SUNALI, PATEL NAME Patel, Ajay R, Patel Sunali A, Patel Roma A [JT TEN] STREET ADDRESS 1647 MANCHESTER CT STREET ADDRESS 1647 Manchester Ct. CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP Naples, FL 34109 TITLE Delete 🗖 Change ▼ Addition PATEL, AJAY NAME Patel, Ajay R, Patel Ramanial, Patel Pannaben [JT TEN] 1647 MANCHESTER CT STREET ADDRESS STREET ADDRESS 1647 Manchester Ct. CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP Naples, FL 34109 TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Сhange ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information

NTED NAME OF SIGNING OFFICER OR DIRECTOR

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

hete and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED