


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000050867
 1. Entity Name
SUBWAY PLAZA, INC.



Principal Place of Business Mailing Address
10563 TAMiami TRAIL NORTH **10563 TAMiami TRAIL NORTH**
NAPLES, FL 34108 **NAPLES, FL 34108**



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3725280 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PATEL, AJAY R
1647 MANCHESTER CT
NAPLES, FL 34109

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**

000000445924
 03/07/06-80068-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, AJAY R
STREET ADDRESS	1647 MANCHESTER CT
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	P
NAME	PATEL, SUNAI A
STREET ADDRESS	1647 MANCHESTER CT
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	P
NAME	PATEL, ROMA A
STREET ADDRESS	1647 MANCHESTER CT
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D
NAME	PATEL, AJAY R
STREET ADDRESS	1647 MANCHESTER CT
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	P
NAME	PATEL, RAMANIAL
STREET ADDRESS	1647 MANCHESTER CT
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	P
NAME	PATEL, PANNABEN
STREET ADDRESS	1647 MANCHESTER CT
CITY-ST-ZIP	NAPLES, FL 34109

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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 another line empowered.

SIGNATURE: _____ **1-25-06** **2392690126**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #