

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

05-02-2006 90424 009 ***150.00

DOCUMENT # P01000064753

1. Entity Name
SUBWAY 3783, INC.



Principal Place of Business
**KILLIAN PKWY.
10846 SW 104TH ST.
MIAMI, FL**

Mailing Address
**KILLIAN PKWY.
10846 SW 104TH ST.
MIAMI, FL**

66021811



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-1126392

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROY, DAVID R ESQ
DAVID R. ROY P.A.
4209 N. FEDERAL HWY.
POMPANO BEACH, FL 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **MYSOREWALA, IDRIS**
STREET ADDRESS **10184 NW 31ST ST.**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **P** ☒ Change ☒ Addition
NAME **Sajidali S. Saboovala**
STREET ADDRESS **10901 SW 109 CT, #D301**
CITY-ST-ZIP **Miami, FL 33176**

TITLE **V** ☒ Delete
NAME **Ghaniwala, WAHID**
STREET ADDRESS **13038 NW 14TH ST.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **Ovee R Karim** ☐ Change ☒ Addition
NAME **Ovee R Karim**
STREET ADDRESS **10546 SW 124th St**
CITY-ST-ZIP **Miami, FL 33176**

TITLE **T** ☒ Delete
NAME **MOTEN, ANWAR**
STREET ADDRESS **2883 SW 13TH DR.**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **T** ☐ Change ☒ Addition
NAME **Mohd. Rinz**
STREET ADDRESS **10546 SW 124th St**
CITY-ST-ZIP **Miami, FL 33176**

TITLE **S** ☒ Delete
NAME **ABID, ABDUL A**
STREET ADDRESS **10184 NW 31ST CT.**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **S** ☐ Change ☒ Addition
NAME **Mohd. Anas**
STREET ADDRESS **15438 NW 12 PL**
CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE **D** ☒ Delete
NAME **KARIM, MOHAMMED H**
STREET ADDRESS **10846 SW 104TH ST.**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MAJID, SHAFI**
STREET ADDRESS **10184 NW 31ST CT.**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #