

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90051 009 ***150.00

DOCUMENT # P01000064758 1. Entity Name SUBWAY 24028, INC.					
Principal Place of Business 19420 N.W. THIRD COURT PEMBROKE PINES, FL 33029			Mailing Address 19420 N.W. THIRD COURT PEMBROKE PINES, FL 33029		
2. Principal Place of Business Suite, Apt. #, etc. <i>3288 NW Federal Hwy</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>TENSON BEACH</i>		City & State <i>FLA</i>		4. FEI Number 75-3067698	
Zip <i>334957</i>		Country <i>FLA</i>		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYSOREWALA, IDRIS 1920 N.W. THIRD COURT PEMBROKE PINES, FL 33029				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>3288 NW Federal Hwy</i> City <i>TENSON BEACH</i> FL Zip Code <i>334957</i>	
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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST MYSOREWALA, IDRIS 19420 N.W. THIRD COURT PEMBROKE PINES, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

IDRIS MYSOREWALA