


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90425 049 ***150.00

DOCUMENT # P01000086740	
1. Entity Name CUTLER RIDGE SUBWAY, INC.	

Principal Place of Business 19790 S. DIXIE HIGHWAY MIAMI, FL 33157	Mailing Address 19790 S. DIXIE HIGHWAY MIAMI, FL 33157
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-1139070	Applied For Not Applicable
Zip	Country	Zip	Country



03102006 Chg-P CR2E034 (11/05)

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROY, DAVID R ESQ. DAVID R. ROY, P.A. 4209 N. FEDERAL HWY. POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYSOREWALA, IDRIS			NAME			
STREET ADDRESS	10164 NW 31ST ST.			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABID, ABDUL			NAME			
STREET ADDRESS	10164 NW 31ST ST.			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYSOREWALA, ANWER			NAME			
STREET ADDRESS	10164 NW 31ST ST.			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOTEN, ANWAR			NAME			
STREET ADDRESS	2863 SW 13TH DR.			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GHANIWALA, WAHID			NAME			
STREET ADDRESS	10164 NW 31ST ST.			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAHZAD, ASIM			NAME			
STREET ADDRESS	13813 SW 90TH AVENUE APT H-101			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176			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: 4/17/06 Daytime Phone #