2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Apr 21, 2008 08:00 Al Secretary of State **DOCUMENT # P02000031339** 1. Entity Name **SUBWAY 26212, INC.** Principal Place of Business Mailing Address 20321 NW 8TH ST. 20321 NW 8TH ST. PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 02202008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0637973 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GONZALEZ, PEDRO 20321 NW 8TH ST. PEMBROKE PINES, FL 33029 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 regis (NOTE: Registered Agent signature required when reinstating) I applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 05/06/08-80016-005 150.00 D TITLE GONZALEZ, PEDRO NAME 20321 NW 8TH ST. STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33029 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2008

954-662-1411