2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # P02000087668** 04-03-2006 90391 032 ***150.00 1. Entity Name SUBWAY 5719, INC. Principal Place of Business Mailing Address UUUMVVVA 9804 S. MILITARY TRL. 9804 S. MILITARY TRL. BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 2. Principal Place of Business 3. Mailing Address 2304 RIDGEWOOD Crule Suite, Apt. #, etc. Suite, Apt. #, etc. 02232006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For Royal PALM BEACH FL 51-0420443 Not Applicable Zip Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSKOVITZ, DANIEL ESQ. 48 E. FLAGLER ST., PENTH, 104 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE □ Delete ☐ Change ☐ Addition SAGER, STEVEN NAME NAME STREET ADDRESS 508 E. BOYNTON BCH BLVD. STREET ADDRESS BOYNTON BCH, FL 33435 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE Addition Hymson Swart 2304 LIDGEWOD CITCLE HYMSON, STUART NAME NAME STREET ADDRESS 550 SW 182 WAY STREET ADDRESS HOLLYWOOD, FL 33029 CITY-ST-ZIP CITY-ST-ZIP FOYAL PALM BEACH FL 33411 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered 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.

FILED