## **2006 FOR PROFIT CORPORATION**

## Apr 03, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P02000089280 04-03-2006 90354 011 \*\*\*150.00 SUBWAY 28350, INC. Principal Place of Business Mailing Address 508 E. BOYNTON BEACH BLVD 508 E. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 2. Principal Place of Business 3. Mailing Address 2301 FINGELLOSO CILLE Suite, Apt. #, etc. 02232006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For K 55-0791378 Not Applicable Zip Country \$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 MOSKOVITZ, DANIEL ESQ. 48 EAST FLAGLER STREET Street Address (P.O. Box Number is Not Acceptable) **PENTHOUSE 104** 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 ☐ Delete TITLE ☐ Change ☐ Addition SAGER, STEVEN NAME NAME STREET ADDRESS 508 EAST BOYNTON BEACH BLVD. STREET ADDRESS BOYNTON BEACH, FL 33435 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME SAGER, STEVEN NAME 508 EAST BOYNTON BEACH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP VP TITLE Delete Change TITLE Secratamy ☐ Addition ROK, SERGIO NAME NAME 20K 5-1910 FLAGIET ST PH STREET ADDRESS 48 EAST FLAGLER ST., PH-105 STREET ADDRESS 48 E451 CITY-ST-ZIP FL 33131 MIAMI, FL 33131 CITY-ST-ZIP Directon U President ☐ Defete TITLE TITLE ☐ Change Addition NAME NAME 2304 RIDGEWOOD CITCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRACK FL CITY-ST-ZIP 33411 TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of 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 empowèred.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_\_

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED OFFICER OR DIRECTOR

☐ Delete

3-16-06

**FILED** 

-328.057

■ Addition

□ Change