### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P03000017418

1. Entity Name CR579/I-4 SUBWAY EAST, INC.



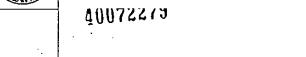
Principal Place of Business

6010 CR 579 SEFFNER, FL 33584 Mailing Address

212 EAST CASS STREET TAMPA, FL 33602

# FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90331 046 \*\*\*150.00



No Chg-P

03072006

### DO NOT WRITE IN THIS SPACE

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CR2E034 (11/05)

4. FEI Number Applied For 51-0446299 Not Applicable

6. Name and Address of Current Registered Agent

KHAN, KHALID J 212 EAST CASS STREET TAMPA, FL 33602

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

4/21/06

(813) 985-7899

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.  1 SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, NANCY C 212 EAST CASS STREET TAMPA, FL 33602	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, MASOOD K 212 EAST CASS STREET TAMPA, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, KHALID J 212 EAST CASS STREET TAMPA, FL 33602		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR