

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90391 033 ***150.00

DOCUMENT # P03000033427

1. Entity Name
SUBWAY 15390, INC.



Principal Place of Business
508 E BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33435

Mailing Address
508 E BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33435

60023590



2. Principal Place of Business

3. Mailing Address

6080 ORANGE BLVD
Suite, Apt. #, etc.
A

2304 PROGRESS CIRCLE
Suite, Apt. #, etc.

02232006 Chg-P CR2E034 (11/05)

City & State
WEST PALM BEACH FL

City & State
ROYAL PALM BEACH FL

4. FEI Number
33-1052643

Applied For
Not Applicable

Zip
33417

Country
USA

Zip
33411

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSKOVITZ, DANIEL ESQ
48 E FLAGLER ST, PENTHOUSE 104
MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D SAGER, STEVEN ☐ Delete
STREET ADDRESS
508 E BOYNTON BEACH BLVD
CITY-ST-ZIP
BOYNTON BEACH, FL 33435

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
VICE PRESIDENT
Hymson, Stuart ☐ Change ☒ Addition
STREET ADDRESS
2304 PROGRESS CIRCLE
CITY-ST-ZIP
ROYAL PALM BEACH FL 33411

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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

3/13/06

Date

954-528-0975

Daytime Phone #