


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90073 045 ***150.00

DOCUMENT # P03000057395		
1. Entity Name SUBWAY 30670, INC.		

Principal Place of Business 12121 NW 51 CT. CORAL SPRINGS FL 33076	Mailing Address 12121 NW 51 CT. CORAL SPRINGS FL 33076
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44040330



MOORE CR2E034 (11/03)

2. Principal Place of Business 2301 West Sample Rd		3. Mailing Address	
Suite, Apt. #, etc. BUILDING # 2, Suite 1 A		Suite, Apt. #, etc.	
City & State POMPANO BEACH FL		City & State	
Zip 33073	Country BROWARD	Zip	Country

4. FEI Number 14-1885-263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MANIAR, RAJU 7737 N. UNIVERSITY DR., #201 TAMARAC FL 33321	
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7. Name and Address of New Registered Agent Name MOHAMMED S. BAKALI Street Address (P.O. Box Number is Not Acceptable) 12121 N.W. 51 COURT CORAL SPRINGS FL 33076 City FL Zip Code	
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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 <u><i>Mohamed Salah Bakali (PAOS)</i></u> DATE <u><i>3/1/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004. Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete BAKALI, MOHAMMED S 12121 NW 51 CT. CORAL SPRINGS FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V. P. SECRETARY MUHAMMAD ARIF KHAN 9457 N.W. 39 PLACE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Mohamed Salah Bakali</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u><i>3/1/04</i></u> 954-551-0847 <small>Daytime Phone #</small>