2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Secretary of State DOCUMENT # P03000057395 1. Entity Name 03-08-2005 90178 016 ***150.00 SUBWAY 30670, INC. Principal Place of Business Mailing Address 2301 WEST SAMPLE RD BUILDING # 2 SUITE 1A 12121 NW 51 CT. CORAL SPRINGS FL 33076 POMPANO BEACH FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 14-1885863 Not Applicable Zip Country 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 Name BAKALI, MOHAMMED S Street Address (P.O. Box Number is Not Acceptable) 12121 NW 51 COURT CORAL SPRINGS FL 33076 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State · · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CDHR ☐ Change MOHAMMED JAMIL TITLE ☐ Delete TITLE BAKALI, MOHAMMED S 2301 W. SAMREROAD NAME NAME STREET ADDRESS 12121 NW 51 CT. STREET ADDRESS POMPANO BEACH, IL 33073 CITY-ST-ZIP CORAL SPRINGS FL 33076 CITY-ST-ZIP HUMMAIR UMAR (DAR) Change TITLE ☐ Delete TITLE **△** Addition ARIF KHAN, MUHAMMAD NAME 2301 W-SAMPLERA STREET ADDRESS 9457 NW 39 PLACE STREET ADDRESS POMPANO BEACH, FC 33073 SUNRISE FL 33351. CITY-ST-ZIP IDRIS MY SORE WALA (Oir) Change TITLE ☐ Delete TITLE Addition 2301 West SAMPLE AL NAME NAME STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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,

SIGNATURE:

FILED

Mar 08, 2005 8:00 am

954-785-4405

Daytime Phone #