


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90038 031 ***150.00

DOCUMENT # P03000057978					
1. Entity Name 15250 SUBWAY, INC.					
Principal Place of Business 512 E WOOLBRIGHT ROAD BOYNTON BEACH, FL 33435 US			Mailing Address 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0693185	
Applied For		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KARIM, MOHAMMED 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT <input type="checkbox"/> Delete	TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KARIM, MOHAMMED	NAME	Karim, Mohammed		
STREET ADDRESS	PO BOX 840943	STREET ADDRESS	767 S. State Road 7 Suite 13		
CITY-ST-ZIP	PEMBROKE PINES, FL 33084	CITY-ST-ZIP	Margate, Fl. 33068		
TITLE	DVPS <input type="checkbox"/> Delete	TITLE	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAJID, AFZAL	NAME	MAJID, Afzal		
STREET ADDRESS	1408 SO POWERLINE ROAD	STREET ADDRESS	767 S. State Road 7 Suite 13		
CITY-ST-ZIP	POMPANO BEACH, FL 33068	CITY-ST-ZIP	Margate, Fl 33068		
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Rahman, Azizar		
STREET ADDRESS		STREET ADDRESS	767 S. State Road 7 Suite 13		
CITY-ST-ZIP		CITY-ST-ZIP	Margate, Fl. 33068		
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Aziz, Farzana		
STREET ADDRESS		STREET ADDRESS	767 S. State Road 7 Suite 13		
CITY-ST-ZIP		CITY-ST-ZIP	Matgate, Fl. 33068		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 with all other like empowered.					
SIGNATURE: _____		AL Majid		1/28/05 954-978-9582	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40012270



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