


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90425 041 \*\*\*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			
Zip	Country	Zip	Country	4. FEI Number 02-0693185	
				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 -			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 _____ (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. <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	SAOIBL Mohammed i <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARIM, MOHAMMED		NAME	6091 Lambeth Circle	
STREET ADDRESS	767 S. STATE RD 7 SUITE 13		STREET ADDRESS	Lake worth FL 33463	
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
TITLE	DVPS	<input type="checkbox"/> Delete	TITLE	AZIM KHAN <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAJID, AFZAL		NAME		
STREET ADDRESS	767 S. STATE RD 7 SUITE 13		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAHMAN, AZIZAR X		NAME		
STREET ADDRESS	767 S. STATE RD 7 SUITE 13		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AZIZ, FARZANZ		NAME		
STREET ADDRESS	767 S. STATE RD 7 SUITE 13		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVIWALA, QADIR A		NAME		
STREET ADDRESS	767 S. STATE RD 7 SUITE 13		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33068		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 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: <i>Sadi Abdul Navimela</i>			4/14/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		