2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P03000073977 02-04-2005 90038 034 ***150.00 1. Entity Name 161 SUBWAY, INC. Principal Place of Business Mailing Address 40012201 201 E SHINRISE RI VID 767 SOUTH STATE ROAD 7 FT. LAUDERDALE, FL 33304 SUITE 13 MARGATE, FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 13-4256937 Not Applicable Zip Country Zip 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 MAJID, AFZAL Street Address (P.O. Box Number is Not Acceptable) 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPT TITLE TITLE DPT Change Change Addition ☐ Delete Majid, Afzal MAJID, AFZAL NAME STREET ADDRESS 1408 SO POWERLINE ROAD STREET ADDRESS 767 S. State Road 7 Suite 13 POMPANO BEACH, FL 33069 CITY-ST-ZIP CITY-ST-ZIP Margate, Fl. 33068 DVPT TITLE Delete TITLE DVPT KARIM, MOHAMMED Karim, Mohammed NAME NAME 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, F1. 33068 TITLE V TITLE ☐ Delete ☐ Change X Addition NAME NAME Majid, Shafi 767 S. State Road 7 Suite 13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Margate, Fl.</u> 33068 ☐ Change X Addition TITLE ☐ Delete TITLE Mysonrewela, Idra NAME NAME 767 S. State Road 7 Suite 13 STREET ADDRESS STREET ADDRESS City-S1-ZIP CITY-ST-ZIP Margate, F1. 33068 TITLE ☐ Delete TITLE V ☐ Change X Addition Shakeel, Mohammed 767 S. State Road 7 Suite 13 NAME NAME STREET ADDRESS STREET ADDRESS Margate, Fl. 33068 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change 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.

M.H. Karim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 04, 2005 8:00 am