


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90386 009 \*\*\*150.00

<b>DOCUMENT # P03000073977</b> 1. Entity Name 161 SUBWAY, INC.					
Principal Place of Business 201 E SUNRISE BLVD FT. LAUDERDALE, FL 33304 US			Mailing Address 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-4256937	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MAJID, AFZAL 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068				7. Name and Address of New Registered Agent Name <u>HAKIKAT SINGH</u> Street Address (P.O. Box Number is Not Acceptable) <u>767 Sg STATE ROAD 7</u> City <u>MARGATE</u> FL Zip Code <u>33068</u>	
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>Hakikat Singh</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			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 NAME STREET ADDRESS CITY-ST-ZIP	DPT MAJID, AFZAL 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIT SINGH, HAKIKAT 2437 NW 95th AVENUE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT KARIM, MOHAMMED 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V15 KAUR, KHUSHWINDER 2437 NW 95th AVENUE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAJID, SHAFI 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGH, JARNAIL 7764 N. PARKSIDE LANE MARGATE, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MYSONREWELA, IDRA 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUR, JASHEET 7764 N. PARKSIDE LANE MARGATE, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAKEEL, MOHAMMED 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGH, JARNAIL 7764 N. PARKSIDE LANE MARGATE, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAKEEL, MOHAMMED 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGH, JARNAIL 7764 N. PARKSIDE LANE MARGATE, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <u>Hakikat Singh</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					