## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 14, 2007 8:00 am Secretary of State 03-14-2007 90043 050 \*\*\*150.00

DOCUMENT # P03000073977  1. Entity Name 161 SUBWAY, INC.					03-14-2007 90043 050 ***150.00				
Principal Place	Mailing Address		-	20	006325				
201 E SUNRISE BLVD FT. LAUDERDALE, FL 33304 US		767 SOUTH STATE ROAD 7 Suite 13	JS				L)     <b>  6  </b>	<b>5</b> 1 14 1 <b>11</b> 1	
Principal Place of Business - No P.O. Box #			MCNAB RD.						
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 201			01112007 Chg-P	CR2E034			
City & State		City & State TAMARAC,	FL		4. FEI Number 13-4256937		<del> </del>	lied For Applicable	
Zip	Country	33321	USA_		5. Certificate of Status Desire	Fee	.75 Additi Required	onal	
	6. Name and Address of Current I	Registered Agent	Nome	71	7. Name and Address of Ne	w Registered Age	nt		
SINGH, HAKIKAT				Name HAKIKAT SINGH					
767 SOUTH STATE ROAD 7				Street Address (P.O. Box Number is Not Acceptable)					
MARGATE		12 00 000	1 // <del></del>						
1	A.	<u>431</u>	NW 95TH AVE	-	-				
	City	City CORAL SPRINGS FL 33065							
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 by Henry 3/5/07									
Signature, typed of printed name of registered agent and title if applicabile. (NOTE: Registered Agent signature required whon reinstating)  OATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AND DI	RECTORS	IN 11	
TITLE	VPT	☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS	SINGH, HAKIKAT 2437 NW 95TH AVE		NAME STREET ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP				/		
TITLE	VS	☐ Delete	TITLE	VS,	is depocated	10 E	Change	☐ Addition	
NAME	KAUR, KHUSHAWINDER		NAME STREET ADDRESS	KAU	r, KHUSHWIN	TUEIC			
STREET ADDRESS CITY-ST-ZIP	2437 NW 95TH AVE CORAL SPRINGS, FL 33065		CITY-ST-ZIP		ME				
TITLE	D	☐ Defete	TITLE	D.			Change	☐ Addition	
NAME	-SINGH, JACNAIL	00.00	NAME	Cin	IGH, JARNAI	1		_	
STREET ADDRESS ,	4364,NORTH PARKSIDE LN		STREET ADDRESS	776	4 NORTH PARKS	DE LANG	_		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	MAI	REATE, FL 330	963			
TITLE	D MANUET	. Delete	TITLE NAME	Pa	4 NORTH PACKS, LEGATE, FL 330 UR, JASME	====	Change	Addition	
NAME STREET ADDRESS	KAVR, JASNEET 7764 NORTH PARKSIDE LN		STREET ADDRESS	VI	an, unone	21			
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	<i>SA</i>	ME				
TITLE	V	Delete	TITLE		<del></del>		Change	Addition	
NAME	SHAKEEL, MOHAMMED		NAME						
STREET ADDRESS	I I								
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP	$\vdash$	<del></del>		T Chanca	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME			L	Change	□ Addition	
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 apdress, with all other like empowered.

3/5/07 954-978-9582 Daytone Phone #

HAKIKAT SINGH