2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90386 010 ***150.00

DOCUMENT # P03000073980

1. Entity Name
6569 SUBWAY, INC.

Principal Place of Business	Mailing Address
1930 E SUNRISE BLVD FT. LAUDERDALE, FL 33304 US	767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068 US

04122006 Chg-P CR2E034 (11/05)

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 13-4256940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 HAKIKAT SINGH Street Address (P.O. Box Number is Not Acceptable) 767 So STATE ROAD 7 City MARGATE FL Zip Code 33068

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 Hakikat Singh DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 KARIM, MOHAMMED 767 S. STATE RD. 7 SUITE 13 MARGATE, FL 33068	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T SINGH, HAKIKAT 2437 NW 95TH AVENUE CORAL SPRINGS, FL 33065	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS MAJID, AFZAL 767 S. STATE RD. 7 SUITE 13 MARGATE, FL 33068	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S KAUR, KHUSHWINDER 2437 NW 95TH AVENUE CORAL SPRINGS, FL 33065	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MAJID, SHAFI 767 S STATE RD. 7 SUITE 13 MARGATE, FL 33068	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINGH, JARNAIL 7764 N. PARKSIDE LANE MARGATE, FL 33063	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MYSONREWELA, IDRA 767 S STATE RD. 7 SUITE13 MARGATE, FL 33068	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAUR, JASMEET 7764 N. PARKSIDE LANE MARGATE, FL 33063	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SHAKEEL, MOHAMMED 767 S. STATE RD. 7 SUITE 13 MARGATE, FL 33068	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Hakikat Singh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #