

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90042 027 \*\*\*150.00

<b>DOCUMENT # P03000073980</b>			
1. Entity Name 6569 SUBWAY, INC.		Principal Place of Business 1930 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 - No P.O. Box #	
3. Mailing Address 7101 WEST MCNAB ROAD SUITE APT. #, etc. # 201 City & State TAMARAC, FL Zip 33321 Country USA		4. FEI Number 13-4256940	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SINGH, HAKIKAT 767 SOUTH STATE ROAD 7 MARGATE, FL 33068		7. Name and Address of New Registered Agent Name HAKIKAT SINGH Street Address (P.O. Box Number is Not Acceptable) 2437 NW 95 AVE. City CORAL SPRINGS FL Zip Code 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 <i>Hakikat Singh</i> HAKIKAT SINGH 3/8/07 DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	PT SINGH, HAKIKAT 2437 NW 95TH AVE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS KHUSHWINDER, KAUR 2437 NW 95TH AVE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	KAUR, KHUSHWINDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SINGH, JARNAIL 7764 N PARKSIDE LANE MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHAKEEL, MOHAMMED 767 S. STATE RD. 7 SUITE 13 MARGATE, FL 33068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	( <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Hakikat Singh</i> HAKIKAT SINGH 954-978-9582		Date 3/8/07 Daytime Phone #	