

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90038 028 \*\*\*150.00

<b>DOCUMENT # P03000076608</b> 1. Entity Name 27323 SUBWAY, INC.					
Principal Place of Business 5800 WILES ROAD B4 CORAL SPRINGS, FL 33067 US			Mailing Address 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAJID, AFZAL 767 SOUTH STATE ROAD 7 SUITE 13 MARGATE, FL 33068			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT <input checked="" type="checkbox"/> Delete		TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAJID, AFZAL		NAME	Majid, Afzal	
STREET ADDRESS	1408 SO POWERLINE ROAD		STREET ADDRESS	767 S. State Road 7 Suite 13	
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP	Margate, FL. 33068	
TITLE	DVPS <input type="checkbox"/> Delete		TITLE	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARIM, MOHAMMED		NAME	Karim, Mohammed	
STREET ADDRESS	PO BOX 840943		STREET ADDRESS	767 S. Road 7 Suite 13	
CITY-ST-ZIP	PEMBROKE PINES, FL 33084		CITY-ST-ZIP	Margate, FL 33068	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <u>M. H. Karim</u> <u>1/28/05</u> <u>954 978-9582</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					