

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90044 020 \*\*\*150.00

<b>DOCUMENT # P04000098955</b> 1. Entity Name <b>FIRST SUBS, INC.</b>					
Principal Place of Business <b>10917 LONG BOAT DRIVE COOPER CITY FL 33026</b>			Mailing Address <b>10917 LONG BOAT DRIVE COOPER CITY FL 33026</b>		
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 <b>05-0605389</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145</b>			7. Name and Address of New Registered Agent Name <b>MARVIN SILVERMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>10917 LONG BOAT DR COOPER CITY</b> City <b>FL</b> Zip Code <b>33026</b>		
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><i>Marvin Silverman</i></u> <b>MARVIN SILVERMAN</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)</small> <div style="float: right;"> <b>1-20-05</b>  <small>DATE</small> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LUSTIG, DAVID A PH.D</b>		NAME		
STREET ADDRESS	<b>10917 LONG BOAT DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>		CITY-ST-ZIP		
TITLE	VSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SILVERMAN, WILTON GARCIA</b>		NAME		
STREET ADDRESS	<b>10917 LONG BOAT DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SILVERMAN, MARVIN</b>		NAME		
STREET ADDRESS	<b>10917 LONG BOAT DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>		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><i>Marvin Silverman</i></u> <b>MARVIN SILVERMAN</b> Director			Date <u>1/20/05</u> Daytime Phone # <u>954-432-8994</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					