

FILED
May 05, 2005 8:00 am
Secretary of State

04-06-2005 90110 050 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000134479			
1. Entity Name SUBWAY 30976 OF DADE COUNTY INC.			
Principal Place of Business 2795 W 79TH STREET HIALEAH, FL 33016 US		Mailing Address 2795 W 79TH STREET HIALEAH, FL 33016 US	
2. Principal Place of Business Suito, Apt. #, etc.		3. Mailing Address Suito, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-166588V		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A.R.S. & ASSOCIATES, INC. 2795 W 79TH STREET HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code	
B. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changes) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P IDREES, MUHAMMAD 2795 W 79TH STREET HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3300 W 84th St Hialeah FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALI, RUQUIYA A 2795 W 79TH STREET HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ALI, SYED A 2795 W 79TH STREET HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES IDREES, SAMINA 2795 W 79TH STREET HIALEAH, FL 33016	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
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 exemption stated in Section 119.07(3)(f), 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 807, 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: Signature and typed or printed name of signing officer or director		Date 3/15/05	

MUHAMMAD IDREES