


**2006 FOR PROFIT CORPORATION ANNUAL REPORT.**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90072 049 \*\*\*150.00

**DOCUMENT # P04000164743**

1. Entity Name  
**SEA RANCH SUBWAY, INC.**



Principal Place of Business  
**19420 NW 3RD COURT  
 PEMBROKE PINES, FL 33029**

Mailing Address  
**19420 NW 3RD COURT  
 PEMBROKE PINES, FL 33029**

**60017876**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

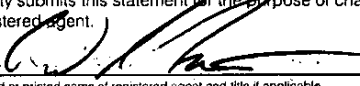
3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

01192006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**FILINGS, INC.  
 3732 N W 16TH ST  
 FT LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent  
 Name: **DAVID R FARBSTEIN**  
 Street Address (P.O. Box Number is Not Acceptable):  
**8010 N. Univ Dr.**  
 City: **TAMARAC** FL Zip Code: **33321**

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:  DATE: **1/27/06**

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	<b>D</b> <input type="checkbox"/> Delete <b>MYSOREWALA, IDRIS</b> <b>8010 N UNIVERSITY DR</b> <b>TAMARAC, FL 33321</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KARIM, MOHAMMED</b> <b>8010 N UNIVERSITY DR</b> <b>TAMARAC, FL 33321</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **IDRIS** DATE: **1/27/06** DAYTIME PHONE #: **5846107369**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR