2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

MAA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROUR

May 02, 2006 8:00 am Secretary of State DOCUMENT # P05000030765 05-02-2006 90426 050 ***150 00 SUBWAY OF PAL-MED INC. Principal Place of Business Mailing Address 40000*** 20810 WEST DIXIE HIGHWAY 20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180 NORTH MIAMI BEACH, FL 33180 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20 - 2412PFZ Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARS & ASSOCIATES INC. Street Address (P.O. Box Number is Not Acceptable) 20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL. 33180 Zip Code FI 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TIT! F □ Change NAME FAROOQ, UMAR NAME 20810 WEST DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition VARDARAMATOS, GERASSIMOS NAME MAME STREET ADDRESS 20810 WEST DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33180 CITY-ST-ZIE SEC TITLE ☐ Delete ☐ Change ☐ Addition FAROOQ, UMAR NAME NAME STREET ADDRESS 20810 WEST DIXIE HIGHWAY STREET ADDRESS CITY-\$T-ZIP NORTH MIAMI BEACH, FL 33180 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED