## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000111433

Entity Name: SUBS & SUCH, INC.

Name:

Address:

City-St-Zip:

1808 OAK VISTA TERRACE

ORLANDO, FL 32824

FILED Apr 21, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9521 SOUTH ORANGE BLOSSOM TRAIL 117A ORLANDO, FL 32837 **New Mailing Address: Current Mailing Address:** 9521 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837 FEI Number: 20-5451255 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MICHIEL, MEDHAT R AZER, EHAB S 1670 CANOE CREEK RD 14161 SERENA LAKE DR OVIEDO, FL 32766 ORLANDO, FL 32837 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. SIGNATURE: MEDHAT MICHIEL 04/21/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MICHIEL, MEDHAT R Name: Name: 14161 SERENA LAKE DR Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: AYAD, NAGY H Name: 1808 OAK VISTA TERRACE Address: Address: ORLANDO, FL 32824 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: DT () Change () Addition NAOUM, MAGDA A Name: Name: 14161 SERENA LAKE DR Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: ( ) Delete Title: () Change () Addition NAOUM, HOWAIDA S

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: MEDHAT MICHIEL 04/21/2008