

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90058 001 \*\*\*150.00

**DOCUMENT # P94000009249**

1. Entity Name  
**SUBWAY STATIONS, INC.**



Principal Place of Business  
**7176 BERACASA WAY  
BOCA RATON, FL 33433 US**

Mailing Address  
**1724 W. HILLSBORO BLVD  
DEERFIELD BEACH, FL 33442**

40001000



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**6555 SOMERSET CIRCLE**  
Suite, Apt. #, etc.

02082005 Chg-P CR2E034 (10/03)

City & State  
**BOCA RATON, FL**

4. FEI Number  
**65-0469330**

Applied For  
Not Applicable

Zip  
**33496**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LAMBERTUS, ARTHUR W  
2929 EAST COMMERCIAL BLVD.  
SUITE 604  
FORT LAUDERDALE, FL 33308**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIORGI, JOHN L			NAME	GIORGI, JOHN L		
STREET ADDRESS	1724 W. HILLSBORO BLVD.			STREET ADDRESS	6555 SOMERSET CIRCLE		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERABIAN, CHARLES B			NAME	SERABIAN, CHARLES B		
STREET ADDRESS	10097 CLEARY BLVD., STE. 505			STREET ADDRESS	11950 NW 6 ST		
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP	PLANTATION, FL 33325		
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			
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: See Tue 2-10-05 957 7920296 DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_