

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-23-2005 90055 029 ***150.00

DOCUMENT # P94000030730			
1. Entity Name SUBWAY 15043, INC.			
Principal Place of Business 1 POMPADRO SQUARE BAY #5 POMPADRO BEACH, FL 33062 US		Mailing Address 10097 CLEARY BLVD #505 PLANTATION, FL 33324 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 11950 NW 6 ST Suite, Apt. #, etc.	
City & State Zip		City & State PLANTATION, FL Zip 33325 Country USA	
4. FEI Number 65-0484700		Applied For ☐ Not Applicable	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revalidating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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	D GIORGI, JOHN L 10097 CLEARY BLVD #505 PLANTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIORGI, JOHN L 6555 SOMERSET CIRCLE BOCA RATON, FL 33496 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERABIAN, CHARLES B 10097 CLEARY BLVD #505 PLANTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERABIAN, CHARLES B 11950 NW 6 ST PLANTATION, FL 33325 ☒ 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
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)(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: 		Date: 2-10-05 954 792 0296	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHARLES B. SERABIAN			