ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Nan SUBWAY	JMENT # me y 472, INC.		-				Apr 06, 2 Secret	005 08 ary of S	:00 Stat	AM e
Principal Plac	ice of Business		Mailing Address		!	-				
	IVERSITY DR. E PINES FL 33	024	273 N. UNIVERSITY PEMBROKE PINES			 	Bilani ile sekk Chuk abili nalili	1 114 20 111 1 11 12 11 11 2	li f e al ex	Ken ii inni
2. Principal i	Place of Busines	es	3. Mailing Address	· - = - · · · · ·						
Suite, Apt #, etc City & State		Suite, Apt. #, etc.			15	st MOORE (CR2E034 (10/	04)		
		City & State			4. FEI Number 65-0524707 Applied Fo				plied For t Applicable	
Zip		Country	Zip	Cour	try	5. Certificate	e of Status Desired		5 Add	itional
6. Name and Address of Current R			Registered Agent			7. Name an	d Address of New Re	gistered Agent		
DΔI	NIEL FAVII	≓R	,		Name				_	
DANIEL, FAVIER 273 N. UNIVERSITY DR. PEMBROKE PINES FL 33024					Street Address	s (P.O. Box Numb	ber is Not Acceptable)			-
					City			FL Z	ip Code	-
8. The above	e named entity	submits this statement to	or the purpose of changing	its register	d office or regis	tered agent, or bo	oth, in the State of Flor	- -	r with,	and accept
the obliga	ations of register	ed agent.			*	•	•			•
SIGNATURE	·	<u>-</u>	· · <u>· · · · · · · · · · · · · · · · · </u>	· ,			-,			
	Signature, typed or	printed name of registered agent	t and title if applicable	NOTE Registere	d Agem signature requi	ired when reinstalling)	- ,	DATE		_ _
F After	Signature, typed or FILE NOW!!! r May 1, 2005	FEE IS \$150.00 Fee Will Be \$550.00 Florida Department of	0	NOTE Registere	d Agem signature requi	ired when reinstating)	9. Election Campai Trust Fund Contr	ign Financing		00 May Be
F After	Signature, typed or FILE NOW!!! r May 1, 2005	FEE IS \$150.00 Fee Will Be \$550.00	0 of State	NOTE Registere	d Agenr signarure requi			gn Financing ríbutíon.	Adde	d to Fees
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