## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 18, 2004 08:00 AM Secretary of State DOCUMENT # P98000088478 1. Entity Name SUBWAY IFGA, INC. Principal Place of Business Mailing Address 300 GULF STREAM WAY 10097 CLEARY BLVD DANIA, FL 33304 #505 PLANTATION, FL 33324 03072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0875481 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LAMBERTUS, ARTHUR W DO NOT WRITE 2929 EAST COMMERCIAL BOULEVARD **SUITE 604** IN THIS SPACE FORT LAUDERDALE, FL 33308 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 Squature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. D TETLE SERABIAN, CHARLES B NAME STREET ADDRESS 10097 CLEARY BLVD. #505 000000091832 PLANTATION, FL 33324 CITY-ST-ZIP 03/18/04-80024-017 150.00 TITLE GIORGI, JOHN L NAME 10097 CLEARY BLVD, #505 STREET ADDRESS CRY-ST-ZIP PLANTATION, FL 33324 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 trusteelempowered 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: 4

CHY-ST-ZIP
THE
NAME
STREET ADDRESS
CHY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/12/04

**FILED** 

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