


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90425 038 ***150.00

DOCUMENT # P99000083898

1. Entity Name
957 SUBWAY, INC.



Principal Place of Business
710 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071

Mailing Address
710 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071

40080110

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

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

KARIM, MOHAMMED H
767 SOUTH STATE ROAD 7 SUITE 13
MARGATE, FL 33068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

4. FEI Number
65-0949184

Applied For
 Not Applicable

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

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DVPS	<input type="checkbox"/> Delete
NAME	KARIM, MOHAMMED H	
STREET ADDRESS	767 SOUTH STATE ROAD 7 SUITE 13	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	MAJID, AFZAL	
STREET ADDRESS	767 SOUTH STATE ROAD 7 SUITE 13	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MAJID, SHAFI	
STREET ADDRESS	767 SOUTH STATE ROAD 7 SUITE 13	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KUAR, KUSH	
STREET ADDRESS	767 SOUTH STATE ROAD 7 SUITE 13	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **4/12/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #