2005 FOR PROFIT CORPORATION

Feb 04, 2005 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P99000083909 02-04-2005 90038 022 ***150.00 1044 SUBWAY, INC. Principal Place of Business Mailing Address -40012279 2534 NORTH STATE ROAD 7 2534 NORTH STATE ROAD 7 MARGATE, FL MARGATE, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0949240 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAJID, AFZAL Street Address (P.O. Box Number is Not Acceptable) 767 S. State Road 7 Suite 13 Margate, F1. 33068 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **DVPS** TITLEDVPS TITLE Addition ☐ Delete X☐ Change Karim, Mohammed H. 767 S. State Road 7 Suite 13 Margate, F1. 33068 NAME KARIM, MOHAMMED H NAME 2534 NORTH STATE ROAD 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE, FL CITY-ST-ZIP DPT THE DPT TITLE □ Defete Change Addition MAJID, AFZAL NAME NAME Majid, Afzal STREET ADDRESS 2534 NORTH STATE ROAD 7 STREET ADDRESS 767 S. State Road 7 Suite 13 CITY-ST-ZIP MARGATE, FL CITY-ST-ZIP Margate, F1. TITLE ☐ Delete TITLE DV ☐ Change **X** Addition NAME NAME Majid, Shafi STREET ADDRESS STREET ADDRESS 767 S. State Road 7 Suite 13 CITY-ST-ZIP CITY-ST-ZIP Margate, F1. 33068 TITLEDV TITLE Delete ☐ Change **X** Addition NAME NAME Naviwala, Oadira STREET ADDRESS STREET ADDRESS 767 S. State Raod 7 Suite 13 CITY-ST-ZIP CITY-ST-ZIP Margate, F1. 33068 TITLE ☐ Delete mr Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition 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 grategies empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment w

SIGNATURE:

FILED