

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90100 041 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                 |                                                                                                                 |                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # S27498</b><br>1. Entity Name<br><b>MIAMI SUBS REAL ESTATE CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                 |                                                                                                                 |                                  |  |
| Principal Place of Business<br><b>C/O MIAMI SUBS CORPORATION<br/>6300 N.W. 31ST AVE.<br/>FORT LAUDERDALE, FL 33309-1633</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                 | Mailing Address<br><b>C/O MIAMI SUBS CORPORATION<br/>6300 N.W. 31ST AVE.<br/>FORT LAUDERDALE, FL 33309-1633</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                       |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                 | City & State                                                                                                    |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | Country                         |                                                                                                                 | Zip                                                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          | Country                         |                                                                                                                 | 4. FEI Number<br><b>65-0331686</b>                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                 |                                                                                                                 | Applied For<br>Not Applicable                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>B&amp;C CORPORATE SERVICES<br/>201 SOUTH BISCAYNE BLVD, SUITE 3000<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                 |                                                                                                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                 |                                                                                                                 | \$8.75 Additional Fee Required                                                                                    |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                 |                                                                                                                 |                                                                                                                   |  |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                 |                                                                                                                 |                                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                                |                                                                                                                   |  |
| <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                 |                                                                                                                 |                                                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>PERLYN, DONAL F<br>6300 NW 31ST AVENUE<br>FT. LAUDERDALE, FL 33309 | <input type="checkbox"/> Delete |                                                                                                                 |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DVT<br>WODA, JERRY<br>6300 NW 31ST AVE<br>FT LAUDERDALE, FL 33309        | <input type="checkbox"/> Delete |                                                                                                                 |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CEO<br>LORBER, HOWARD<br>1400 OLD COUNTRY RD<br>WESTBURY, NY 11590       | <input type="checkbox"/> Delete |                                                                                                                 |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>NORBITZ, WAYNE<br>1400 OLD COUNTRY RD<br>WESTBURY, NY 11590         | <input type="checkbox"/> Delete |                                                                                                                 |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>PALEY, CARL<br>1400 OLD COUNTRY RD<br>WESTBURY, NY 11590            | <input type="checkbox"/> Delete |                                                                                                                 |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VT<br>DEVOS, RONALD<br>1400 OLD COUNTRY RD<br>WESTBURY, NY 11590         | <input type="checkbox"/> Delete |                                                                                                                 |                                                                                                                   |  |
| 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. |                                                                          |                                 | SEE SUPPLEMENTAL SCHEDULE ATTACHED                                                                              |                                                                                                                   |  |
| SIGNATURE: <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                 | 3/31/05 576-338-8580                                                                                            |                                                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                 | Date Daytime Phone #                                                                                            |                                                                                                                   |  |

# ATTACHMENT

40047960

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S27498

ENTITY NAME: MIAMI SUBS REAL ESTATE CORP.

FEI # 65-0331686

## SUPPLEMENTAL SCHEDULE

### BLOCK 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE: D/C/CEO ADDITION/CHANGE  
NAME: HOWARD LORBER  
ADDRESS: 1400 OLD COUNTRY ROAD - SUITE 400  
WESTBURY, NY 11590

TITLE: D/P/COO ADDITION/CHANGE  
NAME: DONALD PERLYN  
ADDRESS: 6300 NW 31<sup>ST</sup> AVENUE  
FT. LAUDERDALE, FL 33309

TITLE: D/EVP ADDITION/CHANGE  
NAME: WAYNE NORBITZ  
ADDRESS: 1400 OLD COUNTRY ROAD - SUITE 400  
WESTBURY, NY 11590

TITLE: D/V/T/AS ADDITION/CHANGE  
NAME: RONALD DEVOS  
ADDRESS: 1400 OLD COUNTRY ROAD - SUITE 400  
WESTBURY, NY 11590

TITLE: V/S ADDITION/CHANGE  
NAME: JERRY WODA  
ADDRESS: 6300 NW 31<sup>ST</sup> AVENUE  
FT. LAUDERDALE, FL 33309

TITLE: D/V ADDITION/CHANGE  
NAME: ERIC GATOFF  
ADDRESS: 1400 OLD COUNTRY ROAD - SUITE 400  
WESTBURY, NY 11590