

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002562

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: CAIR FLORIDA, INC.

## Current Principal Place of Business:

1601 NORTH PALM AVE  
203  
HOLLYWOOD, FL 33026

## Current Mailing Address:

P.O. BOX 350626  
JACKSONVILLE, FL 32205

## New Principal Place of Business:

1601 NORTH PALM AVE  
203  
PEMBROKE PINES, FL 33026

## New Mailing Address:

FEI Number: 65-1110616      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AHMED, ALTAF A  
900 S 86TH AVE  
PEMBROKE PINES, FL 33025      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: AHMED, PARVEZ  
Address: 12346 WINTERPINE COURT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D      ( ) Delete  
Name: ALI, ALTAF AHMED  
Address: 900 SW 86TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D      ( ) Delete  
Name: AHMED, BEDIER M  
Address: PO BOX 633  
City-St-Zip: ST. PETERSBURG, FL 33731

Title: D      ( ) Delete  
Name: FAREED, ATIF  
Address: 175 E. TRADEWINDS ROAD  
City-St-Zip: WINTERSPRINGS, FL 32708

Title: D      ( ) Delete  
Name: MANSOORI, MUHAMMAD  
Address: 433 BRODY COVE TRAIL  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: ALI, ALTAF  
Address: 900 SW 86TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M.F. MANSOORI

D

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date