


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90262 007 ****61.25

DOCUMENT # N01000002562	
1. Entity Name CAIR FLORIDA, INC.	

Principal Place of Business 1601 NORTH PALM AVE 203 PEMBROKE PINES, FL 33026	Mailing Address P.O. BOX 350626 JACKSONVILLE, FL 32205
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40097670



05012008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1110616	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AHMED, ALTAF A 900 S 86TH AVE PEMBROKE PINES, FL 33025		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHMED, PARVEZ 12346 WINTERPINE COURT JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALI, ALTAF 900 SW 86TH AVENUE PEMBROKE PINES, FL 33025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHMED, BEDIER M PO BOX 633 ST. PETERSBURG, FL 33731 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAREED, ATIF 175 E. TRADEWINDS ROAD WINTERSPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSOORI, MUHAMMAD 433 BRODY COVE TRAIL JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See Attached List

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 617, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

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CAIR FLORIDA, INC.

OFFICERS AND DIRECTORS

1. CHAIRMAN/DIRECTOR
MOHAMED GHABOUR
3405 SYLVAN SHADOW ST.
VALRICO, FL 33594
2. SECRETARY/DIRECTOR
MICHELLE YUWAY
3130 SHORELINE DR.
CLEARWATER, FL 33760
3. TREASURER/DIRECTOR
MUHAMMAD MANSOORI
7545 CENTURION PKWY
SUITE 202
JACKSONVILLE, FL 32256
4. DIRECTOR
SYED ALI RAHMAN
83 GABLES BLVD.
WESTON, FL 33326
5. DIRECTOR
SHAHAB SEHGAL
9624 CAMBERLEY CIR
ORLANDO, FL 32836
6. DIRECTOR
RAZA ALI
405 IRIS ST
CELEBRATION, FL 34747

ATTACHMENT

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CAIR FLORIDA, INC.

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OFFICERS AND DIRECTORS (Cont.)

7. DIRECTOR
RASHID ABBARA
10701 SW 146 CT
MIAMI, FL 33186
8. DIRECTOR
PARVEZ AHMED
12346 WINTER PINE CT
JACKSONVILLE, FL 32225
9. DIRECTOR
PATRICK HANNA
11448 DUTCH IRIS DR.
RIVERVIEW, FL 33578
10. DIRECTOR
SUHAIL NANJI
6811 NW 117TH AVE
PARKLAND, FL 33076
11. DIRECTOR
M ALLAM REHEEM
12900 CORTEZ BLVD
SUITE 204
BROOKSVILLE, FL 34613