2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002562

Entity Name: CAIR FLORIDA, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1601 NORTH PALM AVE 203 PEMBROKE PINES, FL 33026 **New Mailing Address: Current Mailing Address:** P.O. BOX 350626 JACKSONVILLE, FL 32205 FEI Number: 65-1110616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AHMED, ALTAF A 900 S 86TH AVE PEMBROKE PINES, FL 33025 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition AHMED, PARVEZ GHABOUR, MOHAMED Name: Name: 12346 WINTERPINE COURT Address: 3405 SYLVAN SHADOW ST. Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: VALRICO, FL 33594 Title: CD () Delete Title: D (X) Change () Addition GHABOUR, MOHAMED Name: RAZA, ALI Name: Address: 3405 SYLVAN SHADOW ST. Address: 405 IRIS ST City-St-Zip: VALRICO, FL 33594 City-St-Zip: CELEBRATION, FL 34747 Title: () Delete Title: (X) Change () Addition YUWAY, MICHELLE RASHID, ABBARA Name: Name: 3130 SHORELINE DR. Address: Address: 10701 SW 146 CT City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: MIAMI, FL 33186 Title: TD () Delete Title: () Change () Addition MUHAMMAD, MANSOORI Name: Name: 7545 CENTURION PKWY SUITE 202 Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: () Delete Title: (X) Change () Addition MANSOORI, MUHAMMAD HBOUBATI, HASAN Name: Name: 433 BRODY COVE TRAIL 116 N PARRAMORE AVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: ORLANDO, FL 32801 Title: () Delete Title: () Change (X) Addition AMIN HUSAM Name: Name: Address: Address: 7535 TERRACE RIVER DR TAMPA, FL 33637 City-St-Zip: 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. MANSOORI D 04/30/2009