## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002562

Entity Name: CAIR FLORIDA, INC.

FILED Apr 30, 2010 Secretary of State

**New Principal Place of Business:** 

Current Principal Place of Business:

1601 NORTH PALM AVE

203

PEMBROKE PINES, FL 33026

Current Mailing Address: New 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

ABDUR-RAHMAN, ZAID
1601 N PALM AVE

PEMBROKE PINES, FL 33025 US 203 PEMBROKE PINES, FL 33026 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: ZAID ABDUR-RAHMAN 04/30/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CD

Name: GHABOUR, MOHAMED Address: 3405 SYLVAN SHADOW ST. City-St-Zip: VALRICO, FL 33594

Title: D

Name: RAZA, ALI Address: 405 IRIS ST

City-St-Zip: CELEBRATION, FL 34747

Title:

Name: RASHID, ABBARA Address: 10701 SW 146 CT City-St-Zip: MIAMI, FL 33186

Title: TD

 Name:
 MUHAMMAD, MANSOORI

 Address:
 P. O. BOX 350638

 City-St-Zip:
 JACKSONVILLE, FL 32235

Title:

Name: ABDUR-RAHMAN, ZAID Address: 1601 N PALM AVE

City-St-Zip: PEMBROKE PINES, FL 33026

Title:

Name: AMIN, HUSAM

Address: 7535 TERRACE RIVER DR City-St-Zip: TAMPA, FL 33637

I hereby 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 all other like empowered.

SIGNATURE: M. MANSOORI TD 04/30/2010