## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

05-05-2008 90262 006 \*\*\*\*61.25

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Solicy   State   Sta	1. Entity Nam CAIR FLC		OLDING COMPAN	Y, INC.							
Sulle, Apt. 4, Inc.	8056 N 56TI	H ST	\$	8056 N 56TH ST					# 86411 <b>88</b> 114 <b>818</b> 4	4 <b>3</b> 1863 11884 663	<b>                 </b>
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 6, etc.   Suite, Apt. 6, etc.   Suite, Apt. 6, etc.   Suite, Apt. 6, etc.   Special Control of Status Desired   Applied Form   Page   Applied Form   Page	2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address 950626							
STACKSON   SURE Applicable   SACKSON   SACKS	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			05012008	Chg-NP	CR2E037	7 (12/06)	
S. Name and Address of Current Registered Agent  AHMED, PARVEZ BUSINESS AND SETH ST TAMPA, FL 33617  TITLE D ANSORI, MUHAMMAD F SITERI AUDRESS BUSINESS AND SETH ST STREET AU	,	e		JACKSONU		<u> </u>		75			
AHMED, PARVEZ 8056 N 56TH ST TAMPA, FL 33617  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 Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of Rorida and accept the obligations of Rorida and accept the obligations of Rorida	Zip		,	32235					U F	ee Required	
AHMED, PARVEZ BUSIS N SSTH ST TAMPA, FL 33617  Streat 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  SIGNATURE  Filling Fee is \$61.25  Due by May 1, 2008  9. Election Campaling Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  AMME SIREST ADDRESS  OTT-S1-2P  TAMPA, FL 33617  TILE  MANSOORI, MUHAMMAD F SIREST ADDRESS  OTT-S1-2P  TAMPA, FL 33617  TILE  Delete  TILE  MANSOORI, MUHAMMAD F SIREST ADDRESS  OTT-S1-2P  TAMPA, FL 33617  TILE  Delete  TILE  MANSOORI, MUHAMMAD F SIREST ADDRESS  OTT-S1-2P  TAMPA, FL 33617  TILE  Delete  TILE  MANSOORI, MUHAMMAD F SIREST ADDRESS  OTT-S1-2P  TAMPA, FL 33617  TILE  MANSOORI, MUHAMMAD F SIREST ADDRESS  OTT-S1-2P  TAMPA, FL 33617  TILE  MANSOORI, MUHAMMAD F SIREST ADDRESS  OTT-S1-2P  TAMPA, FL 33617  TILE  MANSOORI, MUHAMMAD F SIREST ADDRESS  OTT-S1-2P  TILE  MANSOORIS  OTT-S1-2P  TILE  TILE		6. Name	and Address of Current	Registered Agent		Name	7. Name and A	dress of New R	Registered A	gent	
B. 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    Signature, typed or presed name of registered agent and tide it expiritable.   (NOTE: Registered Agent Age	8056 N 56	TH ST					(P.O. Box Number i	s Not Acceptable	е)		
SIGNATURE    Signatura, typerd or privated name of registered agent and stole it apolicable. (NOTE Registered Agent agen						City			FL	Zip Code	9
Signature, Speed or printed name of regressred agent and tille if expiritable.   NOTE Registered Agent signature Agent signature of State   NOTE Registered Agent signature of State   NOTE Registe				r the purpose of changing	its registere	ed office or regist	ered agent, or both,	in the State of Flo	orida. I am fa	amiliar with,	and accept
Trust Fund Contribution. Added to Fees   Floridal Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE   D	SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (No	OTE: Registered	d Agent signature requir	ed when reinstating)		DATE		<del></del>
TITLE NAME NAME AHMED, PARVEZ STREET ADDRESS CITY-ST-ZIP TITLE NAME BEDLIER, AHMED BOTON BOTO								This are provided coppositely			
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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 trusteerempowered 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 all address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #