2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2009
Secretary of State

DOCUMENT# N05000004421

Entity Name: CAIR FLORIDA HOLDING COMPANY, INC.

Current Principal Place of Business:

8056 N 56TH ST
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350626
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 20-2782775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AHMED, PARVEZ
8056 N 56TH ST
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

AMIN, HUSAM
8056 N 56TH ST
TAMPA, FL 33617 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: HUSAM AMIN 06/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AHMED, PARVEZ
Address: P.O. BOX 350626
City-St-Zip: JACKSONVILLE, FL 32235

Title: D ( ) Delete
Name: MASOORI, MUHAMMAD F
Address: P.O. BOX 350626
City-St-Zip: JACKSONVILLE, FL 32235

Title: D ( ) Delete
Name: BEDIER, AHMED
Address: 8056 N 56TH ST
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: AMIN, HUSAM
Address: 8056 N. 56TH STREET
City-St-Zip: TAMPA, FL 33617

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

Title: D (X) Change ( ) Addition
Name: ABDUR-RAHMAN, ZAID
Address: 3416 BAHAMA DR
City-St-Zip: MIRAMAR, FL 33023

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 06/04/2009
Electronic Signature of Signing Officer or Director Date