

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000035716

FILED
Feb 06, 2009
Secretary of State

Entity Name: REFAI INC.

Current Principal Place of Business:

17110 SE COUNTY ROAD 234
MICANOPY, FL 326675351 US

New Principal Place of Business:

17110 SE COUNTY ROAD 234
MICANOPY, FL 32667 US

Current Mailing Address:

17110 SE COUNTY ROAD 234
MICANOPY, FL 326675351 US

New Mailing Address:

17110 SE COUNTY ROAD 234
MICANOPY, FL 32667 US

FEI Number: 76-0782901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUDHA, FARID S
17110 SE COUNTY ROAD 234
MICANOPY, FL 336675351 US

Name and Address of New Registered Agent:

DUDHA, FARID S
17110 SE COUNTY ROAD 234
MICANOPY, FL 33667 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: FARID DUDHA

02/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUDHA, FARID S
Address: 17110 SE COUNTY ROAD 234
City-St-Zip: MICANOPY, FL 336675351 US

Title: VP () Delete
Name: INDAWALA, MAKSUD H
Address: 11763 MANGO CROSS CT.
City-St-Zip: SEFFNER, FL 33584

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUDHA, FARID S
Address: 17110 SE COUNTY ROAD 234
City-St-Zip: MICANOPY, FL 33667 US

Title: VPD (X) Change () Addition
Name: INDAWALA, MAKSUD H
Address: 11763 MANGO CROSS CT.
City-St-Zip: SEFFNER, FL 33584

Title: TD () Change (X) Addition
Name: ALI, PARVIZ
Address: 18103 KARA CT.
City-St-Zip: TAMPA, FL 33647

Title: SD () Change (X) Addition
Name: ARFIN, SULTAN-UL
Address: 18213 SANDY POINT DR.
City-St-Zip: TAMPA, FL 33647

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FARID S DUDHA

PD

02/06/2009

Electronic Signature of Signing Officer or Director

Date