2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030512

City-St-Zip:

MIRAMAR, FL 33027

Entity Name: AL FIDAI CORPORATION

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	LOR STREET DOD, FL 33020	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	LOR STREET DOD, FL 33020	US			
FEI Number	: 65-0783910	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
15651 S.W		JS			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () LALANI, ANWAR 15651 S.W. 24 S MIRAMAR, FL 3	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () LALANI, CARME 15651 S.W. 24 S MIRAMAR, FL 3	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VD () LALANI, MEHDI 15651 S.W. 24 S		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ANWARALI LALANI P 04/01/2009