2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000011835

1. Entity Name
SHOMA COMMERCIAL INVESTMENTS, LLC

Principal Place of Business	Mailing Address
5835 BLUE LAGOON DR. 4TH FL MIAMI, FL 33126 US	5835 BLUE LAGOON DR. 4TH FL MIAMI, FL 33126 US

DO NOT WRITE IN THIS SPACE

01192005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
65-1146033		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVE.
28TH FLOOR
MIAMI, FL 33131

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IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SHOJAEE, MASOUD
STREET ADDRESS	5835 BLUE LAGOON DRIVE, 4TH FL
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Masoud Shojaee_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #