

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90030 016 ***150.00

DOCUMENT # P01000082587

1. Entity Name
SHOMA HOMES AT JACARANDA, INC.



Principal Place of Business

**8550 NW 33 STREET
SUITE 100
MIAMI, FL 33122**

Mailing Address

**8550 NW 33 STREET
SUITE 100
MIAMI, FL 33122**

24041135

2. Principal Place of Business

**5835 Blue Lagoon Dr.
4th Floor**

3. Mailing Address

**5835 Blue Lagoon Dr.
4th Floor**

City & State

Miami, FL

City & State

Miami, FL

04052004

Chg-P

CR2EQ34 (10/03)

4. FEI Number

65-1131885

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHOJAE, MASOUD
8550 NW 33 STREET
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name

Street 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHOJAE, MASOUD	
STREET ADDRESS	8550 NW 33 STREET, STE 100	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE SHOJAE, MARIA LAMAS	
STREET ADDRESS	8550 NW 33 STREET, STE 100	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, TONIA	
STREET ADDRESS	8550 NW 33 STREET, STE 100	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOJAE, MASOUD	
STREET ADDRESS	5835 BLUE LAGOON DRIVE, 4RTH FL	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAS SHOJAE, MARIA	
STREET ADDRESS	5835 BLUE LAGOON DRIVE, 4RTH FL	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, TANIA	
STREET ADDRESS	5835 BLUE LAGOON DRIVE, 4RTH FL	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/04