2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000082587

Entity Name: SHOMA HOMES AT JACARANDA, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

5835 BLUE LAGOON DRIVE 4TH FL A & M PARTNERS, INC. 3475 N HIATUS RÓ 4TH FL

MIAMI, FL 33126 SUNRISE, FL 3331

New Mailing Address: Current Mailing Address:

5835 BLUE LAGOON DRIVE 4TH FL 3475 N HIATUS RD 4TH FL

SUNRISE, FL 33351 MIAMI, FL 33126

FEI Number: 65-1131885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHOJAEE, MASOUD WALDRON, ANNE MARIE 8550 NW 33 STREET 3475 N HIATUS RD MIAMI, FL 33166 SUNRISE, FL 33351 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: ANNE MARIE WALDRON 04/29/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

SHOJAEE, MASOUD PEREZ, FRANK Name: Name:

5835 BLUE LAGOON DRIVE 4TH FL 120 S. JACARANDA DR 211 Address: Address: MIAMI, FL 33126 City-St-Zip: City-St-Zip: PLANTATION, FL 33324

Title: Title: SD (X) Change () Addition () Delete Name: DE SHOJAEE, MARIA LAMAS Name: ALEXANDER, PAM

5835 BLUE LAGOON DRIVE 4TH FL 120 S JACARANDA DR 105 Address: Address: MIAMI, FL 33126 PLANTATION, FL 33324 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete TD

MARTIN, TONIA LASH, HARRIS Name: Name:

5835 BLUE LAGOON DRIVE 4TH FL 160 S JACARANDA DR 102 Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: PLANTATION, FL 33324

Title: () Delete Title: () Change (X) Addition

COSMELLO, JULIE Name: Name: Address: Address: 130 S JACARANDA DR 205 City-St-Zip: City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANK PEREZ PD 04/29/2005