

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90062 031 ***150.00

DOCUMENT # P01000082598

1. Entity Name
SHOMA III, INC.



Principal Place of Business
5835 BLUE LAGOON DR.
4TH FLR.
MIAMI, FL 33126

Mailing Address
5835 BLUE LAGOON DR.
4TH FLR.
MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1131930

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHOJAEI, MASOUD
8550 NW 33 STREET
MIAMI, FL 33166

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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME SHOJAEI, MASOUD
STREET ADDRESS 5835 BLUE LAGOON DR., 4TH FLR.
CITY-ST-ZIP MIAMI, FL 33126

TITLE D
NAME DE SHOJAEI, MARIA LAMAS
STREET ADDRESS 5835 BLUE LAGOON DR., 4TH FLR.
CITY-ST-ZIP MIAMI, FL 33126

TITLE VP
NAME MARTIN, TANIA
STREET ADDRESS 5835 BLUE LAGOON DR., 4TH FLR.
CITY-ST-ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 #