

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2004 90030 041 ***150.00

DOCUMENT # P01000082607

1. Entity Name
SHOMA HOMES AT TREASURE COVE, 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**

24041127

5835 BLUE LAGOON DRIVE

5835 BLUE LAGOON DRIVE

4RTH FLOOR

4RTH FLOOR

MIAMI FL

MIAMI FL

33126 USA

33126 USA

04052004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1131933

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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** ☐ Delete
NAME **SHOJAE, MASOUD**
STREET ADDRESS **8550NW 33RD STREET SUITE 100**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **D** ☐ Delete
NAME **DE SHOJAE, MARIA LAMAS**
STREET ADDRESS **8550 NW 33RD STREE SUITE 100**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **VP** ☐ Delete
NAME **MARTIN, TANIA**
STREET ADDRESS **8550 NW 33RD STREE SUITE 100**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **SHOJAE, MASOUD**
STREET ADDRESS **5835 BLUE LAGOON DRIVE, 4RTH FL**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** ☒ Change ☐ Addition
NAME **LAMAS SHOJAE, MARIA**
STREET ADDRESS **5835 BLUE LAGOON DRIVE, 4RTH FL**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **VP** ☒ Change ☐ Addition
NAME **MARTIN, TANIA**
STREET ADDRESS **5835 BLUE LAGOON DRIVE, 4RTH FL**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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