2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State
05-27-2008 90042 037 ***550.00

DOCUMENT # P02000034179

1. Entity Name
SHOMA X, INC.

Principal Place of Business	Mailing Address
5835 BLUE LAGOON DRIVE 4RTH FLOOR MIAMI, FL 33126	5835 BLUE LAGOON DRIVE 4RTH FLOOR MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

05212008 No Chg-P CR2E034 (11/05)

4. FEI Number
74-3038693
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI, FL 33131

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

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHOJAEE, MASOUD
STREET ADDRESS	5835 BLUE LAGOON DRIVE 4RTH FL
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	SHOJAEE, MARIA LAMAS DE
STREET ADDRESS	5835 BLUE LAGOON DRIVE 4RTH FL
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	NORTH, TANIA M
STREET ADDRESS	5835 BLUE LAGOON DRIVE 4RTH FL
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 6/16/08 786-437-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #