

FILED
Jun 20, 2008 8:00 am
Secretary of State

05-27-2008 90042 033 ***550.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000034220

1. Entity Name
SHOMA VI, INC.



Principal Place of Business
**5835 BLUE LAGOON DR
4TH FLOOR
MIAMI, FL 33126**

Mailing Address
**5835 BLUE LAGOON DR
4TH FLOOR
MIAMI, FL 33126**

66014520

(P 0 2 0 0 0 0 3 4 2 2 0 P)

05212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number
74-3038725

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 AVE 28TH FLOOR
MIAMI, FL 33131**

**DO NOT WRITE
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 \$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 NAME STREET ADDRESS CITY ST ZIP	D SHOJAE, MASOUD 5835 BLUE LAGOON DR, 4TH FLOOR MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY ST ZIP	D SHOJAE, MARIA LAMAS DE 5835 BLUE LAGOON DR, 4TH FLOOR MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY ST ZIP	D NARRIN, TANIA M 5835 BLUE LAGOON DR 4TH FLOOR MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/08

786-437-8585

Date

Daytime Phone #