

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-27-2008 90042 043 ***550.00

DOCUMENT # P02000086942

1. Entity Name
SHOMA XIX, INC.



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

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

66014538

(P02000086942P)

DO NOT WRITE IN THIS SPACE

05212008 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0431824

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 S.E. 3RD AVENUE
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: _____ (NOTE: Registered Agent signature required when reappointing) 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	D
NAME	SHOJAEI, MASOUD
STREET ADDRESS	5835 BLUE LAGOON DRIVE, 4TH FL
CITY ST ZIP	MIAMI, FL 33126
TITLE	D
NAME	LAMAS SHOJAEI, MARIA
STREET ADDRESS	5835 BLUE LAGOON DRIVE, 4TH FL
CITY ST ZIP	MIAMI, FL 33126
TITLE	O
NAME	MARTIN, TANIA
STREET ADDRESS	5835 BLUE LAGOON DRIVE, 4TH FL
CITY ST ZIP	MIAMI, FL 33126
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

6/16/08 780-437-8585
Date Daytime Phone #