

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000087123

1. Entity Name
SHOMA HOMES AT KEYS COVE - PHASE II, 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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2ED34 (10/05)

4. FEI Number **51-0431803** 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 3 AVE 28 FLR
MIAMI FL 33131**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	SHOJAE, MASOUD			NAME			
STREET ADDRESS	5835 BLUE LAGOON DR., 4TH FLR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	SHOJAE, MARIA LAMAS			NAME			
STREET ADDRESS	5835 BLUE LAGOON DR., 4TH FLR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	MARTIN, TANIA N			NAME			
STREET ADDRESS	5835 BLUE LAGOON DR., 4TH FLR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 affidavit, with all other like empowered

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #