

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000087130

1. Entity Name
SHOMA XXVIII, INC.



**FILED
Apr 08, 2005 8:00 am
Secretary of State**

04-08-2005 90061 002 ***150.00

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

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

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0431849	Applied For Not Applicable
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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 FL
MIAMI, FL 33131

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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 \$150.00
After May 1, 2005 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
NAME SHOJAE, MASOUD
STREET ADDRESS 5835 BLUE LAGOON DRIVE 4TH FL
CITY-ST-ZIP MIAMI, FL 33126

TITLE D
NAME SHOJAE, MARIA L
STREET ADDRESS 5835 BLUE LAGOON DRIVE 4TH FL
CITY-ST-ZIP MIAMI, FL 33126

TITLE D
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Masoud Shojaee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #