



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90030 001 ***150.00

24041150

DOCUMENT # P02000087134 1. Entity Name SHOMA XXIX, INC.			
Principal Place of Business 8550 NW 33 ST SUITE 100 MIAMI, FL 33122		Mailing Address 8550 NW 33 ST SUITE 100 MIAMI, FL 33122	
5835 BLUE LAGOON DRIVE 4RTH FLOOR MIAMI FL 33126 USA		5835 BLUE LAGOON DRIVE 4RTH FLOOR MIAMI FL 33126 USA	
			
		04052004 Chg-P CR2E034 (10/03)	
		4. FEI Number 51-0431853	
		5. Certificate of Status Desired <input type="checkbox"/> \$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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOJAE, MASOUD 8550 NW 33 ST MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOJAE, MASOUD 5835 BLUE LAGOON DRIVE, 4RTH FL MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOJAE, MARIA L 8550 NW 33 ST MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMAS SHOJAE, MARIA 5835 BLUE LAGOON DRIVE, 4RTH FL MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MARTIN, TANIA 8550 N.W. 33ST STE 100 MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MARTIN, TANIA 5835 BLUE LAGOON DRIVE, 4RTH FL MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
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: _____		Date 4/12/04 Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			