

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

05-27-2008 90042 036 \*\*\*550.00

DOCUMENT # P02000087154

1. Entity Name  
SHOMA XII, INC.



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

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

66014519

( P02000087154P )

**DO NOT WRITE IN THIS SPACE**

05212008 No Chg-P CR2E034 (11/05)

4. FBI Number  
51-0431805

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 28TH FLR  
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 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	SHOJAE, MASOUD
STREET ADDRESS	5835 BLUE LAGOON DRIVE, 4TH FL
CITY ST ZIP	MIAMI, FL 33122
TITLE	DO
NAME	SHOJAE, MARIA LAMAS
STREET ADDRESS	5835 BLUE LAGOON DRIVE, 4TH FL
CITY ST ZIP	MIAMI, FL 33126
TITLE	D
NAME	MARTIN, TANIA M
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	

*Delete*

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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 registered 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 #