

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2004 90031 042 ***150.00

DOCUMENT # P02000087159

1. Entity Name
SHOMA XIV, 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**

24041159

2. Principal Place of Business
5835 Blue Lagoon Dr.

3. Mailing Address
5835 Blue Lagoon Dr.



Suite, Apt. #, etc.
4rth Floor

Suite, Apt. #, etc.
4rth Floor

04052004 Chg-P CR2E034 (10/03)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
51-0431812

Applied For
Not Applicable

Zip
33126

Country
USA

Zip
33126

Country
USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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** ☐ Delete
NAME **SHOJAEI, MASOUD**
STREET ADDRESS **8550 NW 33 ST**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **D** ☐ Delete
NAME **SHOJAEI, MARIA LAMAS**
STREET ADDRESS **8550 NW 33 ST**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **D** ☐ Delete
NAME **MARTIN, TANIA M**
STREET ADDRESS **8550 NW 33RD ST, STE 100**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **SHOJAEI, MASOUD**
STREET ADDRESS **5835 BLUE LAGOON DRIVE, 4RTH FL**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** ☒ Change ☐ Addition
NAME **LAMAS SHOJAEI, MARIA**
STREET ADDRESS **5835 BLUE LAGOON DRIVE, 4RTH FL**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** ☒ Change ☐ Addition
NAME **MARTIN, TANIA**
STREET ADDRESS **5835 BLUE LAGOON DRIVE, 4RTH FL**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 190.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/04