

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P02000087167

1. Entity Name
SHOMA XV, 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



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0431814	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 3 AVE 28 FLR
MIAMI, FL 33131

**DO NOT WRITE
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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHOJAE, MASOUD 5835 BLUE LAGOON DRIVE, 4TH FL MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHOJAE, MARIA LAMAS 5835 BLUE LAGOON DRIVE, 4TH FL MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN, TANIA M 5835 BLUE LAGOON DRIVE, 4TH FL MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80026-015 150.00

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 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 when an address, with all other like empowered.

SIGNATURE: _____

Masoud Shojae

4/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #