

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2004 90031 045 \*\*\*150.00

**DOCUMENT # P02000087171**

1. Entity Name  
**SHOMA XVI, 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**

**24041156**

2. **5835 BLUE LAGOON DRIVE**

**5835 BLUE LAGOON DRIVE**



**4RTH FLOOR**

**4RTH FLOOR**

**MIAMI FL**

**MIAMI FL**

**33126 USA**

**33126 USA**

04052004 Chg-P CR2E034 (10/03)

4. FEI Number  
**51-0431817**

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 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 reinstating)

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 ☐ Delete  
NAME **D SHOJAE, MASOUD**  
STREET ADDRESS **8550 NW 33 ST**  
CITY-ST-ZIP **MIAMI, FL 33022**

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

TITLE ☐ Delete  
NAME **D MARTIRI, TANIA M**  
STREET ADDRESS **8550 NW 33 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 ☒ Change ☐ Addition  
NAME **D SHOJAE, MASOUD**  
STREET ADDRESS **5835 BLUE LAGOON DRIVE, 4RTH FL**  
CITY-ST-ZIP **MIAMI, FL 33126**

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

TITLE ☒ Change ☐ Addition  
NAME **D 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/04