2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State
05-27-2008 90042 039 ***550.00

DOCUMENT # P02000087171

1. Entity Name
SHOMA XVI, INC.

66014540

Principal Place of Business	Mailing Address
5835 BLUE LAGOON DRIVE 4RTH FLOOR MIAMI, FL 33126	5835 BLUE LAGOON DRIVE 4RTH FLOOR MIAMI, FL 33126

(P02000087171P)

05212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	SHOJAEE, MASOUD
STREET ADDRESS	5835 BLUE LAGOON DRIVE 4RTH FL
CITY ST ZIP	MIAMI, FL 33126
TITLE	D
NAME	SHOJAEE, MARIA LAMAS
STREET ADDRESS	5835 BLUE LAGOON DRIVE 4RTH FL
CITY ST ZIP	MIAMI, FL 33126
TITLE	D
NAME	MARTIRI, TANIA M
STREET ADDRESS	5835 BLUE LAGOON DRIVE 4RTH FL
CITY ST ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

Delete

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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 with an address, with all other like empowered.

SIGNATURE: _____ 6/16/08 786-437-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #