

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

05-27-2008 90042 038 \*\*\*550.00

**DOCUMENT # P02000087173**

1. Entity Name  
SHOMA XVII, 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

66014521

( P02000087173P )

05212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0431820

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

**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 replacing)

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**

NAME D  
SHOJAE, MASOUD  
STREET ADDRESS 5835 BLUE LAGOON DRIVE, 4TH FL  
CITY ST ZIP MIAMI, FL 33126

NAME D  
SHOJAE, MARIA LAMAS  
STREET ADDRESS 5835 BLUE LAGOON DRIVE, 4TH FL  
CITY ST ZIP MIAMI, FL 33126

NAME D  
MARTIN, TANIA M  
STREET ADDRESS 5835 BLUE LAGOON DRIVE, 4TH FL  
CITY ST ZIP MIAMI, FL 33126

Delete

**DO NOT WRITE  
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 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

6/16/08

786-437-8585

Date

Daytime Phone #