

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

04-14-2004 90031 047 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000087174

1. Entity Name
SHOMA XVIII, 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

24041154



2. Principal Place of Business

5835 Blue Lagoon Dr.
4th FL
Miami, FL
33126

3. Mailing Address

5835 Blue Lagoon Dr.
4th floor
Miami, FL
33126

04052004

Chg-P

CR2E034 (10/03)

4. FEI Number

51-0431823

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 D ☐ Delete
NAME SHOJAEE, MASOUD
STREET ADDRESS 8550 NW 33 ST
CITY-ST-ZIP MIAMI, FL 33122

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

TITLE O ☐ Delete
NAME MARTIN, TANIA
STREET ADDRESS 8550 N.W. 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 D ☒ Change ☐ Addition
NAME SHOJAEE, MASOUD
STREET ADDRESS 5835 BLUE LAGOON DRIVE, 4RTH FL
CITY-ST-ZIP MIAMI, FL 33126

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

TITLE ☒ 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 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