

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

05-27-2008 90042 044 \*\*\*550.00

|                                     |                                                                                   |
|-------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P02000087174             |  |
| 1. Entity Name<br>SHOMA XVIII, INC. |                                                                                   |

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br>5835 BLUE LAGOON DRIVE<br>4TH FLOOR<br>MIAMI, FL 33126 | Mailing Address<br>5835 BLUE LAGOON DRIVE<br>4TH FLOOR<br>MIAMI, FL 33126 |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

**66014537**

( P02000087174P )

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05212008    No Chg-P    CR2E034 (11/05)

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>51-0431823 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>AMERICAN INFORMATION SERVICES, INC.<br>ONE SE 3 AVE 28 FLR<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-instating)      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<br>TITLE<br>STREET ADDRESS<br>CITY ST ZIP | D<br>SHOJAE, MASOUD<br>5835 BLUE LAGOON DRIVE 4TH FL<br>MIAMI, FL 33126                            |
| NAME<br>TITLE<br>STREET ADDRESS<br>CITY ST ZIP | D<br>SHOJAE, MARIA LAMAS<br>5835 BLUE LAGOON DRIVE 4TH FL<br>MIAMI, FL 33126                       |
| NAME<br>TITLE<br>STREET ADDRESS<br>CITY ST ZIP | <del>D<br/>MARTIN, TANIA<br/>5835 BLUE LAGOON DRIVE 4TH FL<br/>MIAMI, FL 33126</del> <i>Delete</i> |
| NAME<br>TITLE<br>STREET ADDRESS<br>CITY ST ZIP |                                                                                                    |
| NAME<br>TITLE<br>STREET ADDRESS<br>CITY ST ZIP |                                                                                                    |
| NAME<br>TITLE<br>STREET ADDRESS<br>CITY ST ZIP |                                                                                                    |

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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 #