


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000154823**

1. Entity Name  
**SHOMA XXXVI, INC.**



Principal Place of Business  
**5835 BLUE LAGOON DR 4 FLOOR  
 MIAMI, FL 33126**

Mailing Address  
**5835 BLUE LAGOON DR 4 FLOOR  
 MIAMI, FL 33126**

**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**47-0935768**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

**SHOJAE, MASOUD  
 5835 BLUE LAGOON DR 4 FLOOR  
 MIAMI, FL 33126**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 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
NAME	SHOJAE, MASOUD
STREET ADDRESS	5835 BLUE LAGOON DR 4 FLOOR
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	SHOJAE, MARIA L
STREET ADDRESS	5835 BLUE LAGOON DR 4 FLOOR
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	

**DO NOT WRITE IN THIS SPACE**

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 05/09/07-80028-005 150.00

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:**  **Masoud Shojaee** **4/18/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #