## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000021140

 Entity Name SHOMAS XLIX, INC.



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

Principal Place of Business

Mailing Address

5835 BLUE LAGOON DR 4 FLOOR MIAMI, FL 33126 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 Applied For 33-1083136 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOJEE, MASOUD 5835 BLUE LAGOON DR 4 FLOOR MIAMI, FL 33126

SIGNATURE: .

## DO NOT WRITE IN THIS SPACE

		i		11.4	THO OF AGE
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 life if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing 🗀	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOJEE, MASOUD 5835 BLUE LAGOON DR 4 FLOOR MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOJEE, MARIA L 5835 BLUE LAGOON DR 4 FLOOR MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000731992 05/09/07-80028-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 prirrustee 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 way an address, with all other like empowered.					

Masoud Shojaee

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

Date

Davtime Phone •