


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P0000065433

1. Entity Name
THE ART OF SHAVING INC.



Principal Place of Business
1301 NW 84TH AVE
SUITE #101
MIAMI, FL 33126

Main Office Address
1301 NW 84TH AVE
SUITE #101
MIAMI, FL 33126



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2559353

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MALKA, ERIC
1301 NW 84TH STREET
STE 101
MIAMI, FL 33186

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000649442
03/07/07-80050-001 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS MALKA, ERIC 1301 NW 84TH AVE SUITE #101 MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MALKA, MYRIAM 1301 NW 84 AVENUE #101 MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SUGIMOTO, DIANE 1301 NW 84 AVENUE #101 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**

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: Diane Sugimoto Date: 2/23/07 Daytime Phone #: 305-593-0667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR