

2008 FOR PROFIT CORPORATION ANNUAL REPORT

04-04-2008 90014 023 ***138.75
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DOCUMENT # P00000065433

1. Entity Name
THE ART OF SHAVING INC.



FILED

08 JUN 30 AM 11:05

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

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

4000000

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

58-2559353

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MALKA, ERIC
1301 NW 84TH AVE SUITE #101
MIAMI, FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600132921506
07/15/08--01007--001 ***11.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MALKA, MYRIAM
1301 NW 84 AVENUE #101
MIAMI, FL 33126 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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T
SUGIMOTO, DIANE
1301 NW 84 AVENUE #101
MIAMI, FL 33126 ☒ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

Date

Daytime Phone #