

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065433

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: THE ART OF SHAVING INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 58-2559353      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: MALKA, ERIC  
Address: 1301 NW 84TH AVE SUITE #101  
City-St-Zip: MIAMI, FL 33126

Title: V ( ) Delete  
Name: MALKA, MYRIAM  
Address: 1301 NW 84 AVENUE #101  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC MALKA

DPS

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date