

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000015863

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** THE PERFECT SHAVE CORP

**Current Principal Place of Business:**

2819 NW 7 TH AVE  
MAIMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 414749  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 27-4956556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TIRADO, CECILIA  
2819 NW 7TH AVE  
MIAMI, FL 33127 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TIRADO, CECILIA  
Address: 2819 NW 7TH AVE  
City-St-Zip: MIAMI, FL 33127

Title: VP  
Name: HAWKINS, NICOLE  
Address: 2819 NW 7TH AVE  
City-St-Zip: MIAMI, FL 33127

I hereby 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 all other like empowered.

SIGNATURE: CECILIA TIRADO

P

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date