

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000002666

**Entity Name:** MASTER MECHANICAL SERVICES, INC.

**Current Principal Place of Business:**

15181 NW 33 PL  
MIAMI, FL 33054

**Current Mailing Address:**

15181 NW 33 PL  
MIAMI, FL 33054

**FEI Number: 65-0460474**

**Certificate of Status Desired: Yes**

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

PINNA, JOANN  
49 NE 158 ST  
MIAMI, FL 33169 US

*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

**Officer/Director Detail :**

Title P  
Name PINNA, JOANN  
Address 49 NE 158TH ST.  
City-State-Zip: MIAMI FL 33162

Title VPD  
Name PINNA, WILLIAM  
Address 49 NE 158 ST.  
City-State-Zip: MIAMI FL 33162

Title TREASURER  
Name PINNA, SEAN C  
Address 18241 NW 85 AVE.  
City-State-Zip: MIAMI FL 33015

Title SECRETARY  
Name FLOWERS, WILLIAM S  
Address 15220 S RIVER DR  
City-State-Zip: MIAMI FL 33169

Title D  
Name PINNA-FLOWERS, TINA M  
Address 15220 S RIVER DRIVE  
City-State-Zip: MIAMI FL 33169

*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: JOANN PINNA**

**PRESIDENT**

**01/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date