

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000659

**Entity Name:** OFFICE MASTER INC.

**Current Principal Place of Business:**

1110 SOUTH MILDRED AVENUE  
ONTARIO, CA 91761

**Current Mailing Address:**

1110 SOUTH MILDRED AVENUE  
ONTARIO, CA 91761

**FEI Number:** 33-0151691

**Certificate of Status Desired:** No

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

COMPLETE COMMERCIAL FURNISHINGS, LLC  
31 N LAKE TRIPLET DRIVE  
CASSELBERRY, FL 32707 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 CFO  
Name CHOW, WILLIAM  
Address 1110 SOUTH MILDRED AVENUE  
City-State-Zip: ONTARIO CA 91761

Title PRESIDENT  
Name CHOW, WILSON  
Address 1110 SOUTH MILDRED AVENUE  
City-State-Zip: ONTARIO CA 91761

*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:** WILSON CHOW

**PRESIDENT**

**04/24/2019**

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

\_\_\_\_\_  
Date