


2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F11000000659					
1. Entity Name OFFICE MASTER INC.					
Principal Place of Business 1110 SOUTH MILDRED AVENUE ONTARIO, CA 91761			Mailing Address 1110 SOUTH MILDRED AVENUE ONTARIO, CA 91761		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05012012 Chg-P CR2E034 (12/11)	
Zip		Country		4. FEI Number 33-0151691	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURBY AND ASSOCIATES, INC. 1802 RIVER DRIVE BARTOW, FL 33830				Name COMPLETE COMMERCIAL FURNISHINGS Street Address (P.O. Box Number is Not Acceptable) 31 N. TRIPLET LAKE DRIVE City CASSELBERRY FL Zip Code 32907	
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 RANDY WOLD <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/26/12 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2012 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	D CHEN, GARY 1110 SOUTH MILDRED AVENUE ONTARIO, CA 91761 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600235489716 05/23/12--01003--021 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HWANG, WALLACE 1110 SOUTH MILDRED AVENUE ONTARIO, CA 91761 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Wallace Hwang</u> 5/15/12 <u>Wallace@office-master.com</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS</small>					

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