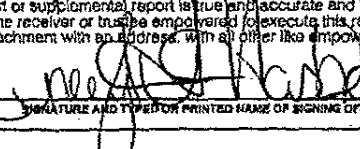


FILED**May 03, 2004 08:00 AM**
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000099374			
1. Entity Name TECH MASTER OF ARLINGTON ROAD INC.			
Principal Place of Business 29 SE 10TH ST DEERFIELD BEACH, FL 33441		Mailing Address 29 SE 10TH ST DEERFIELD BEACH, FL 33441	
DO NOT WRITE IN THIS SPACE		04282004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 30-0038164	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASHAGEN, CHERYL 29 SE 10TH ST DEERFIELD BEACH, FL 33441		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when submitting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		000000148988 05/03/04-80169-006 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PD	DO NOT WRITE IN THIS SPACE	
NAME	HASHAGEN, ROBERT		
STREET ADDRESS	29 SE 10TH STREET		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		
TITLE	STD		
NAME	HASHAGEN, CHERYL		
STREET ADDRESS	29 SE 10TH STREET		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: 		420004 9545749818	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	