

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000007578

Entity Name: TECH MASTER INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1518 SE 5TH PLACE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 150074  
CAPE CORAL, FL 33915

**New Mailing Address:**

FEI Number: 20-0045664

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADIB-RAZAVI, MASSOUD  
1518 SE 5TH PLACE  
CAPE CORAL, FL 33990 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: ADIB-RAZAVI, MASSOUD  
Address: 1518 SE 5TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: V  
Name: ADIB-RAZAVI, DEBBIE S  
Address: 1518 SE 5TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: T  
Name: ADIB-RAZAVI, JUSTIN M  
Address: 1518 SE 5TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990

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: MASSOUD ADIB-RAZAVI

P

04/30/2012

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

\_\_\_\_\_  
Date