

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119282

FILED
Sep 23, 2011
Secretary of State

Entity Name: MASTER TOUCH INSTALLATIONS, INC.

Current Principal Place of Business:

627 NW 38TH PL
CAPE CORAL, FL 33993 US

New Principal Place of Business:

Current Mailing Address:

627 NW 38TH PL
CAPE CORAL, FL 33993 US

New Mailing Address:

FEI Number: 81-0678953 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TORRES, CLEVERT
627 NW 38TH PL
CAPE CORAL, FL 33993 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: TORRES, CLEVERT
Address: 627 NW 38TH PL
City-St-Zip: CAPE CORAL, FL 33993

Title: V
Name: TORRES, CHRISTOPHER A
Address: 627 NW 38TH PL
City-St-Zip: CAPE CORAL, FL 33993

Title: S
Name: PU, PEDRO
Address: 474 VAN BURENT ST.
City-St-Zip: FORT MYERS, FL 33916

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: CLEVERT TORRES

P

09/23/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date