

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000015420

FILED  
Mar 11, 2012  
Secretary of State

Entity Name: MASTER TOUCH POOL SERVICES, INC

**Current Principal Place of Business:**

4321 NW 4TH AVE  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

4321 NW 4TH AVE  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

FEI Number: 80-0351440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALCANTARA, RENATA  
4321 NW 4TH AVENUE  
POMPANO BEACH, FL 33064 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: ALCANTARA, RENATA  
Address: 4321 NW 4TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: VP  
Name: SILVA, NILSON  
Address: 4321 NW 4TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33064 US

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: NILSON SILVA

VP

03/11/2012

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

\_\_\_\_\_  
Date