2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119282

Entity Name: MASTER TOUCH INSTALLATIONS, INC.

Current Principal Place of Business:

1309 NW 14TH AVE CAPE CORAL, FL 33903

Current Mailing Address:

1309 NW 14TH AVE CAPE CORAL, FL 33903 US

FEI Number: 81-0678953

Name and Address of Current Registered Agent:

TORRES, CLEVERT 627 NW 38TH PL CAPE CORAL, FL 33993 US FILED Apr 29, 2021 Secretary of State 5021659395CC

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

| Title | Р | Title | V |
|-----------------|---------------------|-------------------------|-----------------------|
| Name | TORRES, CLEVERT | Name | TORRES, CHRISTOPHER A |
| Address | 1309 NW 14TH AVE | Address | 5781 CAPE HARBOUR DR. |
| City-State-Zip: | CAPE CORAL FL 33903 | 0.1 01 1 - 1 | SUITE 111 |
| | | City-State-Zip: | CAPE CORAL FL 33914 |
| Title | S | | |
| Name | TORRES, CHRISTIAN A | | |
| Address | 627 NW 38TH PL | | |
| City-State-Zip: | CAPE CORAL FL 33993 | | |

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: TORRES, CLEVERT

PRESIDENT

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date