

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000119282

**Entity Name:** MASTER TOUCH INSTALLATIONS, INC.

**Current Principal Place of Business:**

12995 S CLEVELAND AVE STE 178  
FORT MYERS, FL 33907

**Current Mailing Address:**

1309 NW 14TH AVE  
CAPE CORAL, FL 33903 US

**FEI Number:** 81-0678953

**Certificate of Status Desired:** No

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

TORRES, CLEVERT  
1309 NW 14TH AVE  
CAPE CORAL, FL 33903 US

*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

**Officer/Director Detail :**

Title P  
Name TORRES, CLEVERT  
Address 1309 NW 14TH AVE  
City-State-Zip: CAPE CORAL FL 33903

Title V  
Name TORRES, CHRISTOPHER A  
Address 5781 CAPE HARBOUR DR.  
SUITE 111  
City-State-Zip: CAPE CORAL FL 33914

Title S  
Name TORRES, CHRISTIAN A  
Address 1309 NW 14TH AVE  
City-State-Zip: CAPE CORAL FL 33903

*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

**PRESIDENT**

**02/13/2022**

Electronic Signature of Signing Officer/Director Detail

Date