


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L48839**  
 1. Entity Name  
**CARIBE MACHINE TECHNICIANS INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**C/O JERRY L. EDWARDS** **C/O JERRY L. EDWARDS**  
**5341 HECKSCHER DR.** **5341 HECKSCHER DR.**  
**JACKSONVILLE FL 32226-3101** **JACKSONVILLE FL 32226-3101**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E034 (10/05)  
 4. FEI Number **59-3004078** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PAHL, SHIRLEY J.**  
**5341 HECKSCHER DR.**  
**JACKSONVILLE FL 32226**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	EDWARDS, JERRY L.	
STREET ADDRESS	5341 HECKSCHER DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAHL, SHIRLEY J.	
STREET ADDRESS	5341 HECKSCHER DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EDWARDS, CLELLA	
STREET ADDRESS	5341 HECKSCHER DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James S. Edwards, DIRECTOR & P 3-10-06 904-751-9977