

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L48839

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: CARIBE MACHINE TECHNICIANS INTERNATIONAL, INC.

## Current Principal Place of Business:

C/O JERRY L. EDWARDS  
5341 HECKSCHER DR.  
JACKSONVILLE, FL 322263101

## New Principal Place of Business:

C/O JERRY L. EDWARDS  
5341 HECKSCHER DR.  
JACKSONVILLE, FL 322263101 US

## Current Mailing Address:

C/O JERRY L. EDWARDS  
5341 HECKSCHER DR.  
JACKSONVILLE, FL 322263101

## New Mailing Address:

C/O JERRY L. EDWARDS  
5341 HECKSCHER DR.  
JACKSONVILLE, FL 322263101 US

FEI Number: 59-3004078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PAHL, SHIRLEY J.  
5341 HECKSCHER DR.  
JACKSONVILLE, FL 32226 US

## Name and Address of New Registered Agent:

PAHL, SHIRLEY J.  
5341 HECKSCHER DR.  
JACKSONVILLE, FL 32226 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: SHIRLEY J PAHL

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: EDWARDS, JERRY L.,  
Address: 5341 HECKSCHER DR.  
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete  
Name: PAHL, SHIRLEY J.  
Address: 5341 HECKSCHER DR.  
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete  
Name: EDWARDS, CLELLA  
Address: 5341 HECKSCHER DR.  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: EDWARDS, JERRY L.,  
Address: 5341 HECKSCHER DR.  
City-St-Zip: JACKSONVILLE, FL 322263101 US

Title: S (X) Change ( ) Addition  
Name: PAHL, SHIRLEY J.  
Address: 5341 HECKSCHER DR.  
City-St-Zip: JACKSONVILLE, FL 322263101 US

Title: VP (X) Change ( ) Addition  
Name: EDWARDS, CLELLA M  
Address: 5341 HECKSCHER DR.  
City-St-Zip: JACKSONVILLE, FL 322263101 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JERRY L. EDWARDS

DP

03/23/2009

Electronic Signature of Signing Officer or Director

Date