

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L48839

FILED  
Apr 08, 2012  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

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: DP  
Name: EDWARDS, JERRY L.  
Address: 5341 HECKSCHER DR.  
City-St-Zip: JACKSONVILLE, FL 322263101 US

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

Title: VP  
Name: EDWARDS, CLELLA M  
Address: 5341 HECKSCHER DR.  
City-St-Zip: JACKSONVILLE, FL 322263101 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: JERRY L. EDWARDS

DP

04/08/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date