

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L48839

**FILED  
Feb 10, 2015  
Secretary of State  
CC5956504110**

**Entity Name:** CARIBE MACHINE TECHNICIANS INTERNATIONAL, INC.

**Current Principal Place of Business:**

C/O JERRY L. EDWARDS  
5341 HECKSCHER DR.  
JACKSONVILLE, FL 32226-3101

**Current Mailing Address:**

C/O JERRY L. EDWARDS  
5341 HECKSCHER DR.  
JACKSONVILLE, FL 32226-3101 US

**FEI Number: 59-3004078**

**Certificate of Status Desired: Yes**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name EDWARDS, JERRY L.  
Address 5341 HECKSCHER DR.  
City-State-Zip: JACKSONVILLE FL 32226-3101

Title S  
Name PAHL, SHIRLEY J  
Address 5341 HECKSCHER DR.  
City-State-Zip: JACKSONVILLE FL 32226-3101

Title VP  
Name EDWARDS, CLELLA M  
Address 5341 HECKSCHER DR.  
City-State-Zip: JACKSONVILLE FL 32226-3101

*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: SHIRLEY PAHL**

**SECRETARY**

**02/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date