

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000045997

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** CARIBBEAN TECHNOLOGY, INC.

**Current Principal Place of Business:**

1943 NORTH PINE ISLAND ROAD  
PLANTATION, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

1943 NORTH PINE ISLAND ROAD  
PLANTATION, FL 33322 US

**New Mailing Address:**

**FEI Number:** 65-0766118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, WENDELL  
1943 NORTH PINE ISLAND ROAD  
PLANTATION, FL 33322 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: D  
Name: REYNOLDS, LANCELOT F  
Address: 2 CONSTANT SPRING ROAD  
City-St-Zip: KINGSTON 10, JAMAICA W.I.,

Title: D  
Name: BAILEY, LLEWELYN A  
Address: 2 CONSTANT SPRING ROAD  
City-St-Zip: KINGSTON 10, JAMAICA W.I.,

Title: D  
Name: SMITH, WENDELL A  
Address: 10-12 GRENADA CRESCENT  
City-St-Zip: KINGSTON 5, JAMAICA W.I.,

Title: D  
Name: CHIN, RICHARD K  
Address: 10-12 GRENADA CRESCENT  
City-St-Zip: KINGSTON 5, JAMAICA W.I.,

Title: D  
Name: HENRY, EWART E  
Address: 10-12 GRENADA CRESCENT  
City-St-Zip: KINGSTON 5, JAMAICA W.I.,

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: WENDELL SMITH

MR

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date