


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000098106 1. Entity Name CARIBBEAN INDUSTRIAL TECH INC.	
--	---

Principal Place of Business 810 FOREST ST PALM BAY, FL 32907	Mailing Address POST OFFICE BOX 471533 MIAMI, FL 33247
--	--



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0796541	Applied For Not Applicable
-----------------------------	-------------------------------

3. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HERNANDEZ, HERIBERTO 810 FOREST ST PALM BAY, FL 32907
--

**DO NOT WRITE
IN THIS SPACE**

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, HERIBERTO 810 FOREST ST PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, AMINTA 810 FOREST ST PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11111111111111111111
03/02/06 00038-001 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Heriberto Hernandez 2/16/06 321 9844281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #