

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90227 020 ****61.25

DOCUMENT # N44256
 1. Entity Name
PAN AMERICAN COALITION OF WELDING INSTITUTIONS (PACWI), INC.



Principal Place of Business: 550 N. W. LEJEUNE RD, MIAMI, FL 33126 US
 Mailing Address: 550 N.W. LEJEUNE RD, MIAMI, FL 33126 US

50052431



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

05102005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number: 65-0357294
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUFSEY, JEFFREY
 550 N.W. LEJEUNE ROAD
 MIAMI, FL 33126

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD NAME: DAVIS, CIPRIANI STREET ADDRESS: CENTURY DRIVE CITY-ST-ZIP: TRINCITY, TRINIDAD, <input type="checkbox"/> Delete
TITLE: VPD NAME: PANEZIC, SLAVKO STREET ADDRESS: 7250 W CREDIT AVE CITY-ST-ZIP: MISSISSAUGA, ONT L5N 5N1CANA, <input type="checkbox"/> Delete
TITLE: VPD NAME: QUINITINI, CARLOS STREET ADDRESS: APARTADO 52042 CITY-ST-ZIP: CARACAS 1050-A VENEZUELA, <input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: PARTETO, CLAUDIO STREET ADDRESS: RUA ANTONIO CAMPARATO, 218 CITY-ST-ZIP: 04605-030, SAO PAULO, BRAZIL, <input type="checkbox"/> Delete
TITLE: ST NAME: SHOOK, RAY STREET ADDRESS: 550 NW LEJEUNE RD. CITY-ST-ZIP: MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE: VPD NAME: CHIN, HOWARD STREET ADDRESS: 2 WINCHESTER RD CITY-ST-ZIP: KINGSTON 6, JAMAMICA, <input type="checkbox"/> Delete

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST. NAME: HERRERA, WALTER STREET ADDRESS: 550 N.W. LeJeune Rd. CITY-ST-ZIP: Miami, Fl. 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: JEFFREY R. HUFSEY Date: 5/10/05 Daytime Phone #: 305 443 9353