


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 29, 2007 8:00 am**  
**Secretary of State**

06-29-2007 90001 012 \*\*\*\*61.25

<b>DOCUMENT # N44256</b>					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0357294	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHOOK, RAY 550 N.W. LEJEUNE ROAD MIAMI, FL 33126			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CIPRIANI		NAME		
STREET ADDRESS	CENTURY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TRINIDAD, TRINIDAD,		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANEZIC, SLAVKO		NAME	LUCIANI, DOUGLAS R	
STREET ADDRESS	7250 W CREDIT AVE		STREET ADDRESS	7250 W CREDIT AVE	
CITY-ST-ZIP	MISSISSAUGA, ONT L5N 5N1CANADA,		CITY-ST-ZIP	MISSISSAUGA, ONT L5N 5N1 Canada	
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRERA, WALTER		NAME		
STREET ADDRESS	550 NW LEJEUNE ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTETO, CLAUDIO		NAME		
STREET ADDRESS	RUA ANTONIO CAMPARATO, 218		STREET ADDRESS		
CITY-ST-ZIP	04605-030, SAO PAULO, BRAZIL,		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOOK, RAY		NAME		
STREET ADDRESS	550 NW LEJEUNE RD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIN, HOWARD		NAME		
STREET ADDRESS	2 WINCHESTER RD		STREET ADDRESS		
CITY-ST-ZIP	KINGSTON 6, JAMAMICA,		CITY-ST-ZIP		
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 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: <i>Ray Shook</i>		Date: 6/26/07		Daytime Phone #: 305-443-9353	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	