

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49645

FILED
Jan 31, 2005
Secretary of State

Entity Name: PACIFIC OCEAN COALITION OF WELDING ASSOCIATIONS (POCWA), INC.

Current Principal Place of Business:

550 N.W. LEJEUNE RD
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

550 N.W. LEJEUNE RD
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUFSEY, JEFFREY R
550 NW LEJEUNE ROAD
MIAMI, FL 33135 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: DP () Delete
Name: SLAUKO, PANEZIC
Address: 7250 W CREDIT AVE
City-St-Zip: MISSISSAUGA, ON NZ

Title: VPD () Delete
Name: TSAI, CHON L.
Address: RM 217 130 SEC. 3 KEELUNG RD.
City-St-Zip: TAIPEI TAIWAN R.O.C., SK

Title: VPD () Delete
Name: SMALLBONE, CHRIS
Address: WTIA, UNIT 3, STE 2, 9 PARAMATTA RD
City-St-Zip: LIDCOMBE, NSW, JA

Title: ST () Delete
Name: HUFSEY, JEFFREY
Address: 550 N.W. LEJUNE RD
City-St-Zip: MIAMI, FL 33126

Title: VPD () Delete
Name: FUJITA, YUZURU
Address: 1-11 KANDA SOKUMA-CHO
City-St-Zip: TOKYO, JP

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Change (X) Addition
Name: HERRERA, WALTER
Address: 550 NW LEJEUNE ROAD
City-St-Zip: MIAMI, FL 33126 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUFSEY, JEFFREY

ST

01/31/2005

Electronic Signature of Signing Officer or Director

Date