


# 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 <b>PAN AMERICAN COALITION OF WELDING INSTITUTIONS (PACWI), INC.</b>					
Principal Place of Business <b>550 N. W. LEJEUNE RD MIAMI, FL 33126 US</b>			Mailing Address <b>550 N.W. LEJEUNE RD MIAMI, FL 33126 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05232007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>65-0357294</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHOOK, RAY 550 N.W. LEJEUNE ROAD MIAMI, FL 33126</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				<b>FL</b> Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, CIPRIANI CENTURY DRIVE TRINCITY, TRINIDAD,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PANEZIC, SLAVKO 7250 W CREDIT AVE MISSISSAUGA, ONT L5N 5N1 CANA,	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HERRERA, WALTER 550 NW LEJEUNE ROAD MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARTETO, CLAUDIO RUA ANTONIO CAMPARATO, 218 04605-030, SAO PAULO, BRAZIL,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHOOK, RAY 550 NW LEJEUNE RD. MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHIN, HOWARD 2 WINCHESTER RD KINGSTON 6, JAMAMICA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUCIANI, DOUGLAS R 7250 W CREDIT AVE MISSISSAUGA, ONT L5N 5N1 Canada	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>6/26/07</i>		Daytime Phone #: <i>305-443-9353</i>	