

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44256

FILED
Apr 24, 2008
Secretary of State

Entity Name: PAN AMERICAN COALITION OF WELDING INSTITUTIONS (PACWI), 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: 65-0357294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOOK, RAY
550 N.W. LEJEUNE ROAD
MIAMI, FL 33126 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: PD () Delete
Name: DAVIS, CIPRIANI
Address: CENTURY DRIVE
City-St-Zip: TRINCITY, TRINIDAD,

Title: VPD () Delete
Name: LUCIANI, DOUGLAS R
Address: 7250 W CREDIT AVE
City-St-Zip: MISSISSAUGA, ONT L5N 5N1CANA,

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

Title: VPD () Delete
Name: PARTETO, CLAUDIO
Address: RUA ANTONIO CAMPARATO, 218
City-St-Zip: 04605-030, SAO PAULO, BRAZIL,

Title: ST () Delete
Name: SHOOK, RAY
Address: 550 NW LEJEUNE RD.
City-St-Zip: MIAMI, FL 33126

Title: VPD (X) Delete
Name: CHIN, HOWARD
Address: 2 WINCHESTER RD
City-St-Zip: KINGSTON 6, JAMAMICA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, CIPRIANI
Address: CENTURY DRIVE
City-St-Zip: TRINCITY, TRINIDAD, XX 50000

Title: VPD (X) Change () Addition
Name: LUCIANI, DOUGLAS R
Address: 7250 W CREDIT AVE
City-St-Zip: MISSISSAUGA, ONT L5N 5N1CANA, XX 50000

Title: VPD (X) Change () Addition
Name: PARTETO, CLAUDIO
Address: RUA ANTONIO CAMPARATO, 218
City-St-Zip: SAO PAULO, BRAZIL, XX 50000

Title: VPD (X) Change () Addition
Name: CHIN, HOWARD
Address: 2 WINCHESTER ROAD
City-St-Zip: KINGSTON 6, JAMAICA, XX 50000

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RAY SHOOK

ST

04/24/2008

Electronic Signature of Signing Officer or Director

Date