

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 759784

1. Entity Name

LAOTIAN AMERICAN ASSOCIATION OF FLORIDA, INC.



FILED

2007 AUG 31 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE

CR2E037 (4/07)

Principal Place of Business

5188- 46TH ST -NORTH
ST.PETERSBURG FL33714
US

Mailing Address

5188- 46TH ST-NORTH
ST.PETERSBURG FL33714
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State Apt #, etc

State Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2891844

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIXAYARAZH, OUNHEUANE
7175 75TH ST NORTH
PINELLAS PARK FL 33781

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

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

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 VIXAYARAZH, OUNHEUANE
STREET ADDRESS 7175 75TH ST NORTH
CITY-STATE-ZIP PINELLAS PARK FL 33781 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 100109149421
STREET ADDRESS 09/06/07--01051--004 **70.00
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE VD
NAME SAYASANE, SAVANG
STREET ADDRESS 9920 53 LANE N
CITY-STATE-ZIP PINELLAS PARK FL 33782 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VD
NAME KOMANY, ANDREW
STREET ADDRESS 2553 34TH ST NORTH
CITY-STATE-ZIP SAINT PETERSBURG FL 33713 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VD
NAME PHONETHIPSAVATH, THONGCHINHDA
STREET ADDRESS 4100 17TH ST. N.
CITY-STATE-ZIP SAINT PETERSBURG FL 33713 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE GS
NAME KOMANY, ANDREW
STREET ADDRESS 2553 34TH ST NORTH
CITY-STATE-ZIP SAINT PETERSBURG FL 33713 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE T
NAME SENGCHANH, KHAYPHONE
STREET ADDRESS 2192 41ST STREET NORTH
CITY-STATE-ZIP SAINT PETERSBURG FL 33713 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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. 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 or changed, or on an attachment with an address, with all other, he empowered.

SIGNATURE

OUNHEUANE - VIXAYARAZH

[Signature]

8/26/07