


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 764693			
1. Entity Name WAT BUDDHARANGSI OF MIAMI, INC., THAI BUDDHIST TEMPLE IN SOUTH FLORIDA			
Principal Place of Business 15200 S.W. 240 ST. MIAMI, FL 33032		Mailing Address 15200 S.W. 240 ST. MIAMI, FL 33032	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		SUITE, APT. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2252614		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SURACHESTH, PHRAMAHA 15200 S.W. 240 ST. MIAMI, FL 33032		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and its U.S. representative (NOT: Registered Agent signature required when printing)</small>			
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	F BOONNOM, PHRAMAHA S <input type="checkbox"/> Delete	TITLE	FD Boonnom, Phramaha, S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15200 SW 240 ST	NAME	15200 SW 240th Street
STREET ADDRESS	MIAMI, FL 33032	STREET ADDRESS	Miami, FL 33032
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD PHRAPORNJAK, KATAEPO <input type="checkbox"/> Delete	TITLE	400037340804 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15200 SW 240 STREET	NAME	05/26/04--01049--002 **61.25
STREET ADDRESS	MIAMI, FL 33032	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MOOLSIRI, KHANYA <input type="checkbox"/> Delete	TITLE	SD Moolsiri, Khanya <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12112 LYMESTONE WAY	NAME	12112 Lymestone Way
STREET ADDRESS	COOPER CITY, FL 33026	STREET ADDRESS	Cooper City, FL 33026
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D NEDTRONON, KULNADDA <input type="checkbox"/> Delete	TITLE	TD Nedtranon, Kulnadda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13740 S.W. 73 AVE.	NAME	13740 SW 73rd, Avenue
STREET ADDRESS	MIAMI, FL 33155	STREET ADDRESS	Miami, FL 33155
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HALELAMEN, VERAPONA <input type="checkbox"/> Delete	TITLE	
NAME	5805 S.W. 131 TER	NAME	
STREET ADDRESS	MIAMI, FL 33106	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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: <u>P. Medherson</u>		Date: <u>5/7/04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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