


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**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
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01092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2252614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SURACHESTH, PHRAMAHA**  
 15200 S.W. 240 ST.  
 MIAMI, FL 33032

**DO NOT WRITE IN THIS SPACE**

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: *B. Nedtranon* DATE: 1/29/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOONNOM, PHRAMAHA S 15200 SW 240 ST MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHRAPORNJAK, KATAEPO 15200 SW 240 STREET MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOOLSIKI, KHANYA 12112 LYMESTONE WAY COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEDTHONGKHAM, SIRIPAN 1524 49 ST. AUSEWAY N. BAY WILLAS MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEDTRANON, KULNADDA 13740 S.W. 73 AVE. MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALELAMIEN, VERAPONA 5805 S.W. 131 TER MIAMI, FL 33156

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 01/31/07-80020-017 61.25

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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: *B. Nedtranon* KULNADDA NEDTRANON 1/29/07 305-245-2702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #