

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000261

**Entity Name:** WAT FLORIDA DHAMMARAM, INC.**Current Principal Place of Business:**2421 OLD VINELAND ROAD  
KISSIMMEE, FL 34746**Current Mailing Address:**2421 OLD VINELAND ROAD  
KISSIMMEE, FL 34746**FEI Number:** 59-3165299**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHANTARA, YOUTH  
4493 N PINE HILLS RD  
ORLANDO, FL 32808 US*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

**Officer/Director Detail :**

Title C  
Name KRUAKAEW, PHRA S  
Address 2421 OLD VINELAND RD  
City-State-Zip: KISSIMMEE FL 34747

Title PD  
Name DEEYING, PRAYONG  
Address 279 SAGE CREST DR  
City-State-Zip: OCOEE FL 34761

Title VPD  
Name CHANTARA, YOUTH  
Address 4493 N PINE HILLS RD  
City-State-Zip: ORLANDO FL 32808

Title TD  
Name SAECHIM, KESORN  
Address 2684 BLACK OAK LANE  
City-State-Zip: KISSIMMEE FL 34747

Title SD  
Name VECHMANEESRI, CHAVALIT  
Address 515 PORTLAND CIR.  
City-State-Zip: APOPKA FL 32703

Title D  
Name GILLET, KAM  
Address 961 STARLING DR  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name KRAMER, SUCHAYA  
Address 1651 S BETTY LN  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name ARTYAMSOAL, VINAI DR.  
Address 708 IXORA AVE  
City-State-Zip: ELLENTON FL 34222

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** YOUTH CHANTARA

VPD

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                CORTEZ, WIRAT  
Address             1020 NEVILLE LN  
City-State-Zip:    ORLANDO FL 32818

Title                 DIRECTOR  
Name                NA SAKOLNAKORN, ARTITAYA  
Address             2921 FOREST HAMMOCK DR  
City-State-Zip:    OLANT CITY FL 33566