



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90071 025 \*\*\*\*70.00

<b>DOCUMENT # 759784</b> 1. Entity Name <b>LAOTIAN AMERICAN ASSOCIATION OF FLORIDA, INC.</b>					
Principal Place of Business <b>5188 46TH ST NORTH ST PETERSBURG, FL 33714 US</b>			Mailing Address <b>3318- 38 STREET NORTH ST.PETERSBURG.FL. 33710</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2891844</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VIXAYARAZH, OUNHEUANE 7175 75TH ST NORTH PINELLAS PARK, FL 33781</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIXAYARAZH, OUNHEUANE		NAME	OUNSA SENESOM	
STREET ADDRESS	7175 75TH ST NORTH		STREET ADDRESS	3318- 38 <sup>TH</sup> SREET NORTH	
CITY - ST - ZIP	PINELLAS PARK, FL 33781		CITY - ST - ZIP	ST.PETERSBURG-FL-33710	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYASANE, SAVANG		NAME	DARA SHIMA	
STREET ADDRESS	9920 53 LANE N		STREET ADDRESS	11811-62 <sup>ND</sup> STREET NORTH	
CITY - ST - ZIP	PINELLAS PARK, FL 33782		CITY - ST - ZIP	LARGO-FL-33773	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOMANY, ANDREW		NAME	XA PHANE	
STREET ADDRESS	2553 34TH ST NORTH		STREET ADDRESS	5432- 38 <sup>TH</sup> AVE -NORTH	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33713		CITY - ST - ZIP	ST.PETERSBURG-FL 33710	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHONETHIPSAVATH, THONGCHINHDA		NAME	LINDA ORAATH	
STREET ADDRESS	4100 17TH ST. N.		STREET ADDRESS	10743 -57 <sup>TH</sup> STREET NORTH	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33713		CITY - ST - ZIP	PINELLAS PARCK-FL-33782	
TITLE	GS	<input checked="" type="checkbox"/> Delete	TITLE	GS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOMANY, ANDREW		NAME	LINDA ORAATH	
STREET ADDRESS	2553 34TH ST NORTH		STREET ADDRESS	10743- 57 <sup>TH</sup> STREET NORTH	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33713		CITY - ST - ZIP	PINELLAS PARCK-FL33782	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENGCHANH, KHAYPHONE		NAME	MARK PHOUTHAVONG	
STREET ADDRESS	2192 41ST STREET NORTH		STREET ADDRESS	8426 LANTANA -DR	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33713		CITY - ST - ZIP	SEMINOLE ,FL-33777.	
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.					
<b>SIGNATURE:</b> 			<b>4.27-08</b> Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**ATTACHMENT**

<b>DOCUMENT #759784</b> 1. Entity Name LAOTIAN AMERICAN ASSOCIATION OF FLORIDA, INC.					
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04102008 Chg-NP CR2E037 (12/06)	
City & State  Zip Country		City & State  Zip Country		4. FEI Number 59-2891844	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent.  VIXAYARAZH, OUNHEUANE 7175 75TH ST NORTH PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent  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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE PD NAME VIXAYARAZH, OUNHEUANE STREET ADDRESS 7175 75TH ST NORTH CITY-ST-ZIP PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Delete		TITLE PD NAME OUNSA SENESOM STREET ADDRESS 3318- 38 <sup>th</sup> STREET NORTH CITY-ST-ZIP ST.PETERSBURG-FL-33710	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME SAYASANE, SAVANG STREET ADDRESS 9920 53 LANE N CITY-ST-ZIP PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Delete		TITLE VD NAME DARA SHIMA STREET ADDRESS 11811-62 <sup>ND</sup> STREET NORTH CITY-ST-ZIP LARGO-FL33773	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME KOMANY, ANDREW STREET ADDRESS 2553 34TH ST NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Delete		TITLE VD NAME XA PHANE STREET ADDRESS 5432- 38 <sup>TH</sup> AVE -NORTH CITY-ST-ZIP ST.PETERSBURG-FL 33710	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME PHONETHIPSAVATH, THONGCHINHDA STREET ADDRESS 4100 17TH ST. N. CITY-ST-ZIP SAINT PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Delete		TITLE VD NAME LINDA ORAATH STREET ADDRESS 10743-57 <sup>TH</sup> STREET NORTH CITY-ST-ZIP PINELLAS PARCK-FL-33782	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE GS NAME KOMANY, ANDREW STREET ADDRESS 2553 34TH ST NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Delete		TITLE GS NAME LINDA ORAATH STREET ADDRESS 10743-57 <sup>TH</sup> STREET NORTH CITY-ST-ZIP PINELLAS PARCK-FL-33782	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME SENGCHANH, KHAYPHONE STREET ADDRESS 2192 41ST STREET NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Delete		TITLE T NAME MARK PHOUTHAVONG STREET ADDRESS 8426 LANTANA -DR CITY-ST-ZIP SEMINOLE, FL 33777.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>H. OUNSA SENESOM</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-27-08 <small>Date Daytime Phone #</small>		