2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# 764693

Entity Name: WAT BUDDHARANGSI OF MIAMI, INC., THAI BUDDHIST TEMPLE IN SOUTH FLORIDA

Current Principal Place of Business:

15200 S.W. 240 ST.
MIAMI, FL 33032

New Principal Place of Business:

Current Mailing Address:

15200 S.W. 240 ST.
MIAMI, FL 33032

New Mailing Address:

FEI Number: 59-2252614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BOONNOM, PHRAMAHA S	
Address:	15200 SW 240 ST	
City-St-Zip:	MIAMI, FL 33032	
Title:	VD	( ) Delete
Name:	PHRAPORNJAK, KATAEPO	
Address:	15200 SW 240 STREET	
City-St-Zip:	MIAMI, FL 33032	
Title:	SD	( ) Delete
Name:	MOOLSIKI, KHANYA	
Address:	12112 LYMESTONE WAY	
City-St-Zip:	COOPER CITY, FL 33026	
Title:	D	( ) Delete
Name:	NEDTHONGKHAM, SIRIPAN	
Address:	1524 49 ST. AUSEWAY N. BAY WILLAS	
City-St-Zip:	MIAMI, FL 33141	
Title:	TD	( ) Delete
Name:	NEDTRANON, KULNADDA	
Address:	13740 S.W. 73 AVE.	
City-St-Zip:	MIAMI, FL 33158	
Title:	D	( ) Delete
Name:	HALELAMIEN, VERAPONA	
Address:	5805 S.W. 131 TER	
City-St-Zip:	MIAMI, FL 33156	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KULNADDA NEDTRANON TD 03/02/2009

Electronic Signature of Signing Officer or Director — Date