

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006577

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** SUVIMOL VORASARAN POOCHAREON MEMORIAL FOUNDATION CORP

**Current Principal Place of Business:**

9475 SW 69 AVE  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

9475 SW 69 AVE  
MIAMI, FL 33156 US

**New Mailing Address:**

**FEI Number:** 20-5064215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POOCHAREON, NOPPORN  
9475 SW 69TH AVENUE  
MIAMI, FL 33156 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: POOCHAREON, NOPPORN  
Address: 9475 SW 69TH AVENUE  
City-St-Zip: MIAMI, FL 33156

Title: VDTS ( ) Delete  
Name: POOCHAREON, NIVIT  
Address: 9475 SW 69TH AVENUE  
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:

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: NIVIT POOCHAREON

VDTS

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date