

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010362

FILED  
Apr 15, 2008  
Secretary of State

**Entity Name:** THE BUDDHIST ASSOCIATION OF SOUTH FLORIDA INC

**Current Principal Place of Business:**

15200 SW 240 STREET  
MIAMI, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

15200 SW 240 STREET  
MIAMI, FL 33032

**New Mailing Address:**

9475 SW 69TH AVENUE  
MIAMI, FL 33156

**FEI Number:** 26-1287082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POOCHAREON, NOPPORN  
9475 SW 69 AVE  
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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Change (X) Addition  
Name: POOCHAREON, NOPPORN  
Address: 9475 SW 69TH AVENUE  
City-St-Zip: MIAMI, FL 33156

Title: VDTS ( ) Change (X) Addition  
Name: POOCHAREON, NIVIT  
Address: 9475 SW 69TH AVENUE  
City-St-Zip: MIAMI, FL 33156

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

04/15/2008

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

\_\_\_\_\_  
Date