## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11000009009

FILED Apr 10, 2012 Secretary of State

Entity Name: ASSOCIATION OF THAI PROFESSIONALS IN AMERICA AND CANADA, INC.

Current Principal Place of Business: New Principal Place of Business:

6495 PONDAPPLE ROAD BOCA RATON, FL 33433

Current Mailing Address: New Mailing Address:

6495 PONDAPPLE ROAD 4398 ELLINWOOD BLVD BOCA RATON, FL 33433 PALM HARBOR, FL 34685

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

UNGVICHIAN, VICHATE

6495 PONDAPPLE ROAD

BOCA RATON, FL 33433 US

WANAKULE, NISAI DR.

4398 ELLINWOOD BLVD

PALM HARBOR, FL 34685 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: NISAI WANAKULE 04/10/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: C

Name: WECHARATANA, METHI DR.
Address: 14 DORIC AVENUE
City-St-Zip: PARSIPPANY, NJ 07054

Title:

 Name:
 KHAN, EAKALAK DR.

 Address:
 254 PRAIRIEWOOD DRIVE S

 City-St-Zip:
 FARGO, ND 58103

Title: D

Name: THANSANDOTE, ARTNARONG DR.
Address: 402 DOCHART TERRACE

City-St-Zip: NEPEAN, ONTARIO K2J 5N7 CANA, OC

Title: [

Name: WANAKULE, NISAI DR.
Address: 4398 ELLINWOOD BOULEVARD
City-St-Zip: PALM HARBOR, FL 34685

Title: D

 Name:
 SERAPHIN, SUPAPAN DR.

 Address:
 4780 VIA SONRISA

 City-St-Zip:
 TUCSON, AZ 85718

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: NISAI WANAKULE DR. 04/10/2012