


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90058 038 ****61.25

DOCUMENT # N17157 1. Entity Name THAI-AMERICAN ASSOCIATION OF SOUTH FLORIDA, INCORPORATED					
Principal Place of Business 15200 SW 240TH ST MIAMI FL 33032			Mailing Address 12112 LYMESTONE WAY COOPER CITY FL 33026		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2808521 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNGVICHIAN, VICHATE DR. 6495 PONDAPPLE ROAD BOCA RATON FL 33433			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>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOOLSIRI, KHANYA 12112 LYMESTONE WAY COOPER CITY FL 33026 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Moolsiri, Khanya 12112 Limestone Way Cooper City, FL 33026 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOCHAREON, NOPPORN 9475 SOUTHWEST 69TH AENUE MIAMI FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KNATTONGCOME, SIRIPAN 1524 79TH ST CAUSEWAY N BAY VILLAGE FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ungvichian, Vichate Dr. 6495 Pondapple Road Boca Raton, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete KUNADDA NEDTRANON 13740 SOUTHWEST 73RD AVENUE MIAMI FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kulnadda Nedtranon 13740 S.W. 73rd Avenue Miami, FL 33158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CHUAINDHARA, RANGSAN 19230 N.W. 87TH PLACE MIAMI FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wongbundhit, Yuwadee Dr. 465 N.E. 113 Street Miami, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Prapasri Phadungpund 13146 SW 32nd Street Miramar, FL 33027	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **Chiraporn/Director** **4/18/04 (959) 437-7984**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #