


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90078 014 ****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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent UNGVICHIAN, VICHATE DR. 6495 PONDAPPLE ROAD BOCA RATON FL 33433	
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4. FEI Number 59-2808521	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOOLSIRI, KHANYA 12112 LYMESTONE WAY COOPER CITY FL 33026 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOCHAREON, NOPPORN 9475 SOUTHWEST 69TH AVENUE MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDP UNGVICHIAN, DR. VICHATE 6495 PONDAPPLE RD. BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KULNADDA, NEDTRANON 13740 SOUTHWEST 73RD AVENUE MIAMI FL 33158 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WONGBUNDHIT, DR. YUWADEE 465 NE 113 STREET MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRAPASRI, PHADUNG PUND 13146 SW 32ND STREET MIRAMAR FL 33027 <input type="checkbox"/> Delete

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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Tirasitipol, Boon 6450 SW 127 Avenue Ft. Lauderdale, FL 33330 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rosie Saidon 2791 SW 127 Avenue Miramar, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Nedtranon, Kulnadda 13740 SW 73rd Avenue MIAMI, FL 33158 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wongbundhit, DR. Yuwadee 465 NE 113 Street Miami, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR