2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State
04-18-2006 90078 030 ****61.25

DOCUMENT # N17157

1. Entity Name

THAI-AMERICAN ASSOCIATION OF SOUTH FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
15200 SW 240TH ST MIAMI FL 33032	12112 LYMESTONE WAY COOPER CITY FL 33026

1st MOORE CR2E037 (10/05)

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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UNGVICHIAN, VICHATE DR. 6495 PONDAPPLE ROAD BOCA RATON FL 33433	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$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 FORT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VERAPONG HALELAMIEN 5805 S.W. 131 TERRACE MIAMI, FL 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TIRASITIPOL, BOON 6450 SW 127TH AVE FORT LAUDERDALE FL 33330	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCRIMSHAW, LYNN 15895 S.W. 6TH PLACE PEMBROKE PINES, FL 33027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SAIDON, ROSIE 2791 SW 127TH AVE HOLLYWOOD FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAIDON, ROSIE 2791 S.W. 127 AVE MIRAMAR, FL 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NEDTRANON, KULNADDA 13740 SW 73RD AVE MIAMI FL 33158	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEDTRANON, KULNADDA 13740 S.W. 73RD AVE MIAMI, FL 33158	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WONGBUNDHIT, YAWADEE DR 465 NE 113 STREET MIAMI FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIRMA, PREEYA 5945 SW 134 STREET PINE CREST, FL 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRAPASRI, PHADUNGPUND 13146 SW 32ND STREET MIRAMAR FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRAPASRI, PHADUNG-PUND 13146 S.W. 32 STREET MIRAMAR, FL 33027	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ 4/09/06 (954) 431-7484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #