

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 23, 2009
Secretary of State

DOCUMENT# N17157

Entity Name: THAI-AMERICAN ASSOCIATION OF SOUTH FLORIDA, INCORPORATED**Current Principal Place of Business:**15200 SW 240TH ST
MIAMI, FL 33032**New Principal Place of Business:****Current Mailing Address:**12112 LYMESTONE WAY
COOPER CITY, FL 33026**New Mailing Address:****FEI Number:** 59-2808521**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**UNGVICHIAN, VICHATE DR.
6495 PONDAPPLE ROAD
BOCA RATON, FL 33433 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:** DT () Delete
Name: MOOLSIRI, KHANYA
Address: 12112 LYMESTONE WAY
City-St-Zip: COOPER CITY, FL 33026**Title:** VPD () Delete
Name: TIRASITIPOL, BOON
Address: 6450 SW 127TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33330**Title:** PD () Delete
Name: UNGVICHIAN, DR, VICHATE
Address: 6495 PONAPPLE RD
City-St-Zip: BOCA RATON, FL 33433**Title:** TD () Delete
Name: NEDTRANON, KULNADDA
Address: 13740 SW 73RD AVE
City-St-Zip: MIAMI, FL 33158**Title:** DVP () Delete
Name: WONGBUNDHIT, YAWADEE DR
Address: 465 NE 113 STREET
City-St-Zip: MIAMI, FL 33161**Title:** D () Delete
Name: PRAPASRI, PHADUNG PUND
Address: 13146 SW 32ND STREET
City-St-Zip: MIRAMAR, FL 33027**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ST (X) Change () Addition
Name: MOOLSIRI, KHANYA
Address: 12112 LYMESTONE WAY
City-St-Zip: COOPER CITY, FL 33026**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: KHANYA MOOLSIRI

ST

10/23/2009

Electronic Signature of Signing Officer or Director

Date