

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17157

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**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: PD  
Name: MOOLSIRI, KHANYA  
Address: 12112 LYMESTONE WAY  
City-St-Zip: COOPER CITY, FL 33026

Title: VPD  
Name: HALELAMIEN, VERAPONG  
Address: 5805 SW 131 TERRACE  
City-St-Zip: MIAMI, FL 33156

Title: D  
Name: UNGVICHIAN, DR, VICHATE  
Address: 6495 PONAPPLE RD  
City-St-Zip: BOCA RATON, FL 33433

Title: TD  
Name: NEDTRANON, KULNADDA  
Address: 13740 SW 73RD AVE  
City-St-Zip: MIAMI, FL 33158

Title: VPD  
Name: NETHONGKOME, YONGYUTH  
Address: 1260 NE 97 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: SD  
Name: KNATTONGCOME, SIRIPHAN  
Address: 1260 NE 97 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

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: KHANYA MOOLSIRI

PD

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date