

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000000261**

**1. Entity Name**  
**WAT FLORIDA DHAMMARAM, INC.**



**Principal Place of Business**  
2421 OLD VINELAND ROAD  
KISSIMMEE, FL 34746

**Mailing Address**  
2421 OLD VINELAND ROAD  
KISSIMMEE, FL 34746



04252004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3165299	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

CHANTARA, YOUTH  
4481 N. PINE HILLS RD.  
ORLANDO, FL 32808

**DO NOT WRITE  
IN THIS SPACE**

**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** YOUTH CHANTARA YOUTH CHANTARA 4-26-04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>C</b> <b>KRUAKAEW, PHRA S</b> <b>2421 OLD VINELAND RD</b> <b>KISSIMMEE, FL</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>DEEYING, PRAYOMG</b> <b>4457 WINDERWOOD CIR.</b> <b>ORLANDO, FL</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>SUBLATANA, NARONG</b> <b>1456 MONTEGO LANE</b> <b>ORLANDO, FL</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <b>SAECHIM, KESORN</b> <b>2684 BLAOK OAK LANE</b> <b>KISSIMMEE, FL</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <b>VEHMANEESRI, CHAVALT</b> <b>515 PORTLAND CIR.</b> <b>APOPKA, FL</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>PRAKIT, SIATRAGUL</b> <b>423 E ROSEWOOD LANE</b> <b>RAVARES, FL</b>

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04/29/04-80032-001 70.00

**DO NOT WRITE  
IN THIS SPACE**

**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:** Mr. Suray Kruakaw  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 407-525-2824  
Date Daytime Phone #