

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17234

**Entity Name:** WAT LAO MIXAYARAM, INC.**Current Principal Place of Business:**4300 43RD STREET NORTH  
ST. PETERSBURG, FL 33714-3504**Current Mailing Address:**4300 43RD STREET NORTH  
ST. PETERSBURG, FL 33714-3504 US**FEI Number:** 59-3391181**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PHOMDOUANGSY, KEO  
4300 43RD STREET NORTH  
ST. PETERSBURG, FL 33714 US*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

**Officer/Director Detail :**

Title V  
Name LAYSOULYVONG, VIENGKHAM  
Address 2710 39TH AVE NORTH  
City-State-Zip: ST PETERSBURG FL 33714

Title S  
Name VONGSAVATH, ARIYASACK ERICK  
Address 2221 32ND AVE NORTH  
City-State-Zip: ST PETERSBURG FL 33713

Title T  
Name VONGSAVATH, ERICK  
Address 2221 32ND AVE NORTH  
City-State-Zip: ST PETERSBURG FL 33713

Title VT  
Name THEPSOMBATH, TOUNE KHAM  
Address 5460 101ST AVE NORTH  
City-State-Zip: PINELLAS PARK FL 33782

Title P  
Name PHOTHISARATH, SEAZU  
Address 4018 24 AVE N  
City-State-Zip: ST. PETERSBURG FL 33713

Title DIRECTOR, GENERAL ADVISOR  
Name VORASANE, XOM  
Address 2125 25TH AVE NORTH  
City-State-Zip: ST PETERSBURG FL 33713

Title DIRECTOR, PRESIDENT ADVISOR  
Name SOSA, ROBERT  
Address 4010 24TH AVE NORTH  
City-State-Zip: ST PETERSBURG FL 33713

*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:** PHOTHISARATH , SEAZU**PRESIDENT****03/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date