
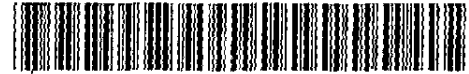


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 701712 1. Entity Name THE POLISH AMERICAN CLUB OF MIAMI INC.	
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Principal Place of Business 1250 NW 22ND AVE MIAMI FL 33125	Mailing Address 1250 NW 22ND AVE MIAMI FL 33125
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-0670493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOLDEN, FRANCIS E JR. 166 HIALEAH DRIVE HIALEAH FL 33010	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete MEZYK, ROBERT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9508 SW 1CT	NAME	U00000487291
STREET ADDRESS	CORAL SPRINGS FL 33071	STREET ADDRESS	04/13/06-80071-007 61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete AUGUSTYNIAK,	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5230 SW 99 AVENUE	NAME	
STREET ADDRESS	MIAMI FL 33165	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete DAMESKI, CAROLE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3550 WASHINGTON ST	NAME	
STREET ADDRESS	HOLLYWOOD FL 33021	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] 2/26/06