


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90158 031 ****61.25

DOCUMENT # 724340			
1. Entity Name THE AMERICAN INSTITUTE OF POLISH CULTURE, INC.			
Principal Place of Business 1440 79TH STREET CAUSEWAY SUITE 117 MIAMI, FL 33141		Mailing Address 1440 79TH STREET CAUSEWAY SUITE 117 MIAMI, FL 33141	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSENTIEL, BLANKA A. 9 ISLAND AVENUE, #1714 MIAMI BEACH, FL 33139		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 reinstating)	
Filing 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENSTIEL, BLANKA	NAME	
STREET ADDRESS	9 ISLAND AVE, PH6	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPPIN, ANDE	NAME	DR. JERZY KYPARISIS
STREET ADDRESS	16 ISLAND AVE.	STREET ADDRESS	13552 SW 57 COURT
CITY-ST-ZIP	MIAMI BEACH, FL	CITY-ST-ZIP	MIAMI, FL 33156
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE KRUSZEWSKI	NAME	KRIS LEWICKI
STREET ADDRESS	7500 SW 128TH STREET	STREET ADDRESS	8890 W. OAKLAND PARK BLVD. #202
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROMAN & BARBARA COOPER
STREET ADDRESS		STREET ADDRESS	9999 COLLINS AVE #4F
CITY-ST-ZIP		CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	<input type="checkbox"/> Delete	TITLE	BEATA PASZYC - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	9165 COLLINS AVE #101
CITY-ST-ZIP		CITY-ST-ZIP	SURFSIDE, FL 33154
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 Chapter 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 make 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: <i>Blanka A. Rosentiel</i>		BLANKA A. ROSENSTIEL 4/25/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

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04252006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1440908 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required