

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90006 003 \*\*\*\*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**



05282008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1440908**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**ROSENTIEL, BLANKA A.  
9 ISLAND AVENUE, PH-6  
MIAMI BEACH, FL 33139**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ROSENSTIEL, BLANKA A  
STREET ADDRESS 9 ISLAND AVE, PH-6  
CITY-ST-ZIP MIAMI, FL 33139

TITLE S  
NAME KYPARISIS, JERZY DR  
STREET ADDRESS 13552 SW 57TH CT.  
CITY-ST-ZIP MIAMI, FL 33156

TITLE T  
NAME LEWICKI, KRIS  
STREET ADDRESS 8890 W. OAKLAND PARK BLVD #202  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE VP  
NAME COOPER, BARBARA  
STREET ADDRESS 9999 COLLINS AVE #4F  
CITY-ST-ZIP BAL HARBOUR, FL 33154

TITLE D  
NAME PASZYC, BEATA  
STREET ADDRESS 9165 COLLINS AVE #101  
CITY-ST-ZIP SURFSIDE, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 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:

*Blanka A. Rosentiel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/08  
Date

(954) 561-3303  
Daytime Phone #