

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724340

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** THE AMERICAN INSTITUTE OF POLISH CULTURE, INC.

**Current Principal Place of Business:**

1440 79TH STREET CAUSEWAY  
SUITE 117  
MIAMI, FL 33141 US

**New Principal Place of Business:**

**Current Mailing Address:**

1440 79TH STREET CAUSEWAY  
SUITE 117  
MIAMI, FL 33141 US

**New Mailing Address:**

**FEI Number:** 59-1440908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSENSTIEL, BLANKA A  
9 ISLAND AVENUE  
PH-6  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROSENSTIEL, BLANKA A  
Address: 9 ISLAND AVENUE PH-6  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: S  
Name: KYPARISIS, JERZY  
Address: 13552 SW 57TH COURT  
City-St-Zip: MIAMI, FL 33156 US

Title: T  
Name: KYPARISIS, JERZY  
Address: 13552 SW 57 COURT  
City-St-Zip: MIAMI, FL 33156 US

Title: VP  
Name: COOPER, BARBARA  
Address: 9999 COLLINS AVENUE #4F  
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: D  
Name: PASZYC, BEATA  
Address: 9165 COLLINS AVENUE #101  
City-St-Zip: SURFSIDE, FL 33154 US

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: BLANKA A. ROSENSTIEL

P

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date