


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90095 009 ****61.25

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DOCUMENT # 739809					
1. Entity Name CHOPIN FOUNDATION OF THE UNITED STATES, INC.					
Principal Place of Business 1440 79TH ST. CAUSEWAY SUITE 117 MIAMI, FL 33141			Mailing Address 1440 79TH ST. 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	4. FEI Number 59-1778404	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSENSTIEL, BLANKA 9 ISLAND AVE. #1744 PH6 MIAMI BCH., 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSENTIEL, BLANKA A		NAME	PH6	
STREET ADDRESS	9 ISLAND AVENUE, #1744		STREET ADDRESS	8890 W Oakland Park Blvd #302	
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP	Sunrise FL 33351	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWICKI, KRIS		NAME	Vice President	
STREET ADDRESS	1735 S.W. 25TH AVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SADOWSKI, EDMUND		NAME		
STREET ADDRESS	1480 SHERIDAN ST., #B17		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELIN, OLGA		NAME		
STREET ADDRESS	1800 NE 114 ST. #1709		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEWERT, JADWIGA		NAME		
STREET ADDRESS	1075 92ND STREET, APT. 601		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33154		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 exemption stated in Section 119.07(3)(i), 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: <i>Blanka A. Rosenstiel</i>		Blanka A. Rosenstiel		04/02/05 954-561-3303	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	