


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 739809</b> 1. Entity Name <b>CHOPIN FOUNDATION OF THE UNITED STATES, INC.</b>	
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Principal Place of Business <b>1440 79TH ST. CAUSEWAY SUITE 117 MIAMI, FL 33141</b>	Mailing Address <b>1440 79TH ST. CAUSEWAY SUITE 117 MIAMI, FL 33141</b>
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03062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1778404</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ROSENSTIEL, BLANKA 9 ISLAND AVE., PH6 MIAMI BCH., FL 33139</b>
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**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 May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSENTIEL, BLANKA A 9 ISLAND AVE, PH6 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEWICKI, KRIS 8890 W OAKLAND PARK BLVD #302 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELIN, OLGA 1800 NE 114 ST. #1709 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEWERT, JADWIGA 1075 92ND STREET, APT. 601 MIAMI, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/27/07-80002-015 61.25

**DO NOT WRITE  
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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. ROSENSTIEL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*PRESIDENT 3/7/07 (305) 868-0624*  
Date Daytime Phone #