


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-04-2004 90052 032 ****61.25

DOCUMENT # N35503					
1. Entity Name MIAMI SOCIETY, GROUP 3036 POLISH NATIONAL ALLIANCE					
Principal Place of Business 1250 NW 22ND AVE. MIAMI FL 33125			Mailing Address 9124 COLLINS AVE #202 MIAMI BCH FL 33154 US		
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 NO-T APPLICABLE Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRZESKI, EUGENIA 9124 COLLINS AVE #202 %MIAMI SOCIETY GR. 3036 P.N.A. MIAMI BEACH FL 33154				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2004		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	PT	NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP					
	<input checked="" type="checkbox"/>	<i>Deleted</i>			
		<i>Passed away</i>			
TITLE	ST	NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP					
	<input type="checkbox"/>	<i>Deleted</i>			
TITLE	VT	NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP					
	<input type="checkbox"/>	<i>Deleted</i>			
TITLE	RT	NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP					
	<input type="checkbox"/>	<i>Change</i>			
	<input checked="" type="checkbox"/>	<i>Addition</i>			
TITLE	PT	NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP					
	<input checked="" type="checkbox"/>	<i>Change</i>			
	<input type="checkbox"/>	<i>Addition</i>			
TITLE	ST	NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP					
	<input type="checkbox"/>	<i>Change</i>			
	<input type="checkbox"/>	<i>Addition</i>			
TITLE		NAME			
NAME		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP					
	<input type="checkbox"/>	<i>Change</i>			
	<input type="checkbox"/>	<i>Addition</i>			
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>EUGENIA BRZESKI Eugenia Brzeski</i>				02-05-2004 305-964-1838	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

