

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N35503**  
 1. Entity Name  
**MIAMI SOCIETY, GROUP 3036 POLISH NATIONAL ALLIANCE**



Principal Place of Business      Mailing Address  
 1250 NW 22ND AVE.      9124 COLLINS AVE #202  
 MIAMI, FL 33125      MIAMI BCH, FL 33154 US



02012005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 NOT APPLICABLE      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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

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I, 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	MALINOWSKI, CHESTER
STREET ADDRESS	3151 OVERLOOK RD.
CITY-ST-ZIP	DAVIE, FL 3328
TITLE	ST
NAME	BREZESKI, EUGENIA
STREET ADDRESS	9124 COLLINS AVE APT 202
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	PT
NAME	KAZIMEARZ, WARCHOL
STREET ADDRESS	2851 SUMERSET DRIVE F 312
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	RS
NAME	LOBOCKI, ANNA
STREET ADDRESS	2720 W. ATLANTIC BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/10/05-90082-009 01.25

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:** Eugenia Brzeski      February 8-2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #