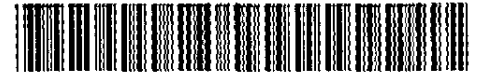


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AK)**

FILED
Feb 06, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

DOCUMENT # N35503					
1. Entity Name MIAMI SOCIETY, GROUP 3036 POLISH NATIONAL ALLIANCE		Mailing Address 9124 COLLINS AVE #202 MIAMI BCH FL 33154 US			
2. Principal Place of Business 1250 NW 22ND AVE. MIAMI FL 33125		3. Mailing Address 9124 COLLINS AVE #202 MIAMI BCH FL 33154 US			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For 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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	VT	<input type="checkbox"/> Delete	TITLE	U000000423403	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MALINOWSKI, CHESTER		NAME	02/18/06-80006-016 61.25	
STREET ADDRESS	3151 OVERLOOK RD.		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 3328		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BRZESKI, EUGENIA		NAME		
STREET ADDRESS	9124 COLLINS AVE APT 202		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33154		CITY-ST-ZIP		
TITLE	PT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KAZIMEARZ, WARCHOL		NAME		
STREET ADDRESS	2851 SUMERSET DRIVE F 312		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LOBOCKI, ANNA		NAME		
STREET ADDRESS	2720 W. ATLANTIC BLVD.		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

No CHANGES

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Eugenia Brzeski 1000000423403