


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

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

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
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)			
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 NAME STREET ADDRESS CITY-ST-ZIP	VT MALINOWSKI, CHESTER 3151 OVERLOOK RD. DAVIE FL 3328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRZESKI, EUGENIA 9124 COLLINS AVE APT 202 MIAMI BEACH FL 33154	<input type="checkbox"/> Delete	U00000423403 <input type="checkbox"/> Change <input type="checkbox"/> Add 02/18/06-80006-016 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KAZIMEARZ, WARCHOL 2851 SUMERSET DRIVE F 312 FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete	No CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS LOBOCKI, ANNA 2720 W. ATLANTIC BLVD. POMPANO BEACH FL 33069	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

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 100000423403