


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 A
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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip



1st MOORE CR2E037 (10/06)

4. FEI Number <p style="text-align: center; font-weight: bold;">NO-T APPLICABLE</p>		Applied For Not Applicable
5.- Certificate of Status Desired <input type="checkbox"/>		\$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		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, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VT MALINOWSKI, CHESTER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000619148 02/08/07-80059-008 61.25
STREET ADDRESS	3151 OVERLOOK RD.	NAME	
CITY - ST - ZIP	DAVIE FL 3328	STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY - ST - ZIP	
TITLE	ST BREZESKI, EUGENIA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9124 COLLINS AVE APT 202	NAME	
CITY - ST - ZIP	MIAMI BEACH FL 33154	STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY - ST - ZIP	
TITLE	PT KAZIMEARZ, WARCHOL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2851 SUMERSET DRIVE F 312	NAME	
CITY - ST - ZIP	FORT LAUDERDALE FL 33311	STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY - ST - ZIP	
TITLE	RS LOBOCKI, ANNA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2720 W. ATLANTIC BLVD.	NAME	
CITY - ST - ZIP	POMPANO BEACH FL 33069	STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: Eugenia Brzeski 02-01-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #