


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 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

DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

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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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 _____

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VI MAJINOWSKI, CHESTER 3151 OVERLOOK RD. DAVIE, FL 33228
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST BRZESKI, EUGENIA 9124 COLLINS AVE APT 202 MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PT KAZIMEARZ, WARCHOL 2851 SUMERSET DRIVE F 312 FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	RS LOBOCKI, ANNA 2720 W ATLANTIC BLVD. POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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 01/29/08-80010-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included in 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 01-17-2008 (305-864-1838)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee