

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35503

FILED
Feb 10, 2009
Secretary of State

Entity Name: MIAMI SOCIETY, GROUP 3036 POLISH NATIONAL ALLIANCE

Current Principal Place of Business:

1250 NW 22ND AVE.
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

9124 COLLINS AVE #202
MIAMI BCH, FL 33154 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRZESKI, EUGENIA
9124 COLLINS AVE #202
%MIAMI SOCIETY GR. 3036 P.N.A.
MIAMI BEACH, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: MALINOWSKI, CHESTER
Address: 3151 OVERLOOK RD.
City-St-Zip: DAVIE, FL 3328

Title: ST () Delete
Name: BRZESKI, EUGENIA
Address: 9124 COLLINS AVE APT 202
City-St-Zip: MIAMI BEACH, FL 33154

Title: PT () Delete
Name: KAZIMEARZ, WARCHOL
Address: 2851 SUMERSET DRIVE F 312
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: RS () Delete
Name: LOBOCKI, ANNA
Address: 2720 W. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALINOWSKI CHESTER

VT

02/10/2009

Electronic Signature of Signing Officer or Director

Date