

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000037846

FILED  
Apr 21, 2010  
Secretary of State

**Entity Name:** POLISH AMERICAN CHAMBER OF COMMERCE OF FLORIDA AND THE AMERICAS, INC.

**Current Principal Place of Business:**

4100 NORTH MIAMI AVENUE  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

4100 NORTH MIAMI AVENUE  
MIAMI, FL 33127

**New Mailing Address:**

**FEI Number:** 32-0308205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SERFATY, CHARLES ESQ  
SERFATY & GARCIA, P.A.  
4770 BISCAYNE BLVD., SUITE 1430  
MIAMI, FL 33137 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** PASIEKA, ADRIAN  
**Address:** 4100 NORTH MIAMI AVENUE  
**City-St-Zip:** MIAMI, FL 33127

**Title:** VPD  
**Name:** LADOWSKI, LESZEK  
**Address:** 4100 NORTH MIAMI AVENUE  
**City-St-Zip:** MIAMI, FL 33127

**Title:** TD  
**Name:** SULEJ, AGATA  
**Address:** 4100 NORTH MIAMI AVENUE  
**City-St-Zip:** MIAMI, FL 33127

**Title:** SD  
**Name:** DEPTA, LESZEK  
**Address:** 4100 NORTH MIAMI AVENUE  
**City-St-Zip:** MIAMI, FL 33127

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** AGATA SULEJ

TD

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date