

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000037846

FILED  
Jan 10, 2012  
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:**

1401 PONCE DE LEON BLVD  
#202  
CORAL GABLES, FL 33134

**Current Mailing Address:**

POST OFFICE BOX 24-8849  
CORAL GABLES, FL 33124

**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:**

BLANCO, JORGE E ESQ  
1401 PONCE DE LEON BLVD  
#202  
CORAL GABLES, FL 33134 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: VPD  
Name: TAS, TERESA  
Address: 1401 PONCE DE LEON BLVD #202  
City-St-Zip: CORAL GABLES, FL 33134

Title: PSD  
Name: LADOWSKI, LESZEK  
Address: 1401 PONCE DE LEON BLVD #202  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD  
Name: ZIELINSKI, ZDZISLAW  
Address: 1401 PONCE DE LEON BLVD #202  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD  
Name: SZYMCZAK, SLAWOMIR  
Address: 1401 PONCE DE LEON BLVD #202  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD  
Name: LADOWSKI, MARCIN  
Address: 1401 PONCE DE LEON BLVD #202  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD  
Name: KWASNIAK, AIDA  
Address: 1401 PONCE DE LEON BLVD #202  
City-St-Zip: CORAL GABLES, FL 33134

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: LESZEK LADOWSKI

PSD

01/10/2012

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

\_\_\_\_\_  
Date