

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753293

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: THE BAKEHOUSE ART COMPLEX, INC.

## Current Principal Place of Business:

561 NW 32ND ST.  
MIAMI, FL 33127

## New Principal Place of Business:

## Current Mailing Address:

561 N.W. 32ND ST.  
MIAMI, FL 33127

## New Mailing Address:

FEI Number: 59-2104864      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MELTZER, DORIS I  
561 NW 32ND STREET  
MIAMI, FL 33127      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: PD ( ) Delete  
Name: KOFSKY, GALE  
Address: 2587 NE 182ND TERRACE  
City-St-Zip: MIAMI, FL 33160

Title: VD ( ) Delete  
Name: MIZRACH, LARRY  
Address: 5253 SW 71ST PLACE  
City-St-Zip: MIAMI, FL 33181,

Title: TD ( ) Delete  
Name: APFEL, DR. ROBERT  
Address: 400 ARTHUR GODFREY RD.  
City-St-Zip: MIAMI, FL 33140

Title: MD ( ) Delete  
Name: MELTZER, DORIS I  
Address: 561 NW 32 STREET  
City-St-Zip: MIAMI, FL 33137

Title: BD ( ) Delete  
Name: HECHAVARRIA, MORTIMER  
Address: 7891 W. FLAGLER ST., #16B  
City-St-Zip: MIAMI, FL 33141

Title: D ( ) Delete  
Name: TINNIE, WALLIS DR  
Address: 74 NW 51 STREET  
City-St-Zip: MIAMI, FL 33127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: WERNECK, ALLEN  
Address: 21150 POINT PLACE/#1603  
City-St-Zip: AVENTURA, FL 33180

Title: VD (X) Change ( ) Addition  
Name: MIZRACH, LARRY  
Address: 18171 SW 27 STREET  
City-St-Zip: MIRAMAR, FL 33029

Title: PD (X) Change ( ) Addition  
Name: APFEL, ROBERT D.D.S.  
Address: 400 ARTHUR GODFREY RD.  
City-St-Zip: MIAMI, FL 33140

Title: SD (X) Change ( ) Addition  
Name: RAYMOND, ARLYS  
Address: 545 SABAL PALM ROAD  
City-St-Zip: MIAMI, FL 33137

Title: VD (X) Change ( ) Addition  
Name: HECHAVARRIA, MORTIMER  
Address: 7891 W. FLAGLER ST., #168  
City-St-Zip: MIAMI, FL 33144

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT APFEL, DDS

PD

04/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date