
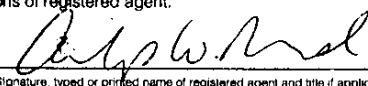
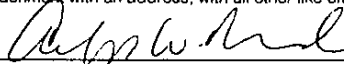


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90086 026 ****61.25

DOCUMENT # 753293					
1. Entity Name THE BAKEHOUSE ART COMPLEX, INC.					
Principal Place of Business 561 NW 32ND ST. MIAMI, FL 33127		Mailing Address 561 N.W. 32ND ST. MIAMI, FL 33127			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2104864	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAYMOND, ARLYS W 561 NW 32ND STREET MIAMI, FL 33127			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: 				DATE: 1/9/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNECK, ALLEN		NAME	APPEL, ROBERT, D.D.S.	
STREET ADDRESS	21150 POINT-PLACE#1603		STREET ADDRESS	400 ARTHUR GODFREY ROAD	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZRACH, LARRY		NAME	SPILLIS, PETER	
STREET ADDRESS	18171 SW 27 STREET		STREET ADDRESS	5760 SW 111 TERRACE	
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPEL, ROBERT D.D.S.		NAME	WILSON, PATRICIA	
STREET ADDRESS	400 ARTHUR GODFREY RD.		STREET ADDRESS	900-16 STREET #107	
CITY-ST-ZIP	MIAMI, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPILLIS, PETER		NAME	VENTURA, RALPH	
STREET ADDRESS	5760 SW111 TER.		STREET ADDRESS	80 SW 8 STREET #1900	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, PATRICIA		NAME	CARRODEGUAS, VINCENT	
STREET ADDRESS	900 - 16TH ST., #107		STREET ADDRESS	2121 PONCE DE LEON BLYD # 1100	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TINNIE, WALLIS DR		NAME	BENOWITZ, H. ALLEN	
STREET ADDRESS	74 NW 51 STREET		STREET ADDRESS	1865 BRICKELL AVE A TOWER PH 11	
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP	MIAMI, FL 33129	
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 indicated on 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: 				DATE: 1/9/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 305 576-2828	

40002551




01042008 Chg-NP CR2E037 (12/06)

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40002551

DOCUMENT # 753293			
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Mailing Address 561 N.W. 32ND ST. MIAMI, FL 33127		2. Principal Place of Business - No P.O. Box #	
3. Mailing Address		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-2104864		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAYMOND, ARLYS W 561 NW 32ND STREET MIAMI, FL 33127		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WERNECK, ALLEN 21150 POINT PLACE #1603 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISHER, HARVEY 21150 POINT PLACE #1605 AVENTURA, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIZRACH, LARRY 18171 SW 27 STREET MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, ARMANDO 1201 BRICKELL AVENUE #320 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD APFEL, ROBERT D.D.S. 400 ARTHUR GODFREY RD. MIAMI, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ JOSE W. 22181 SW 256 STREET HOMESTEAD, FL 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPILLIS, PETER 5760 SW111 TER. MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, BARBARA 3012 EMBASSY DRIVE WEST PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, PATRICIA 900 - 16TH ST., #107 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAXMAN FRANK 9200 W BAY HARBOR DRIVE BAY HARBOR, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINNIE, WALLIS DR 74 NW 51 STREET MIAMI, FL 33127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JESSICA H. WEISS 3111 STERLING ROAD FT. LAUDERDALE, FL 33312-6525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 indicated on 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: <u>[Signature]</u>		Date: <u>1/9/09</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>305 576-2828</u>	