

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753293

FILED  
Jan 04, 2010  
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 NW 32ND ST.  
MIAMI, FL 33127

**New Mailing Address:**

**FEI Number:** 59-2104864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAYMOND, ARLYS W  
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: PRES  
Name: OXENBERG, HARVEY  
Address: 2730 SW 3RD AVE, STE 303  
City-St-Zip: MIAMI, FL 33129

Title: VP  
Name: DESPAIN, PATRICK  
Address: 41 SE 5TH ST, #1411  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: APFEL, ROBERT DDS  
Address: 400 ARTHUR GODFREY RD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D  
Name: SPILLIS, PETER  
Address: 5760 SW111 TER.  
City-St-Zip: MIAMI, FL 33156

Title: S  
Name: KRIPLEN, MARSH  
Address: 1251 SW 20TH ST  
City-St-Zip: MIAMI, FL 33145

Title: T  
Name: LEVI, DIANA  
Address: 2121 PONCE DE LEON, STE 1100  
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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARLYS W. RAYMOND

ED

01/04/2010

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

\_\_\_\_\_  
Date