2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90135 008 ****61.25

DOCUMENT # 753293

1. Entity Name
THE BAKEHOUSE ART COMPLEX, INC.

Principal Place of Business	Mailing Address
561 NW 32ND ST. MIAMI, FL 33127	561 N.W. 32ND ST. MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE

04092005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2104864
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MELTZER, DORIS I
561 NW 32ND STREET
MIAMI, FL 33127

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOFSKY, GALE
STREET ADDRESS	2587 NE 182ND TERRACE
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	VD
NAME	MIZRACH, LARRY
STREET ADDRESS	5253 SW 71ST PLACE
CITY-ST-ZIP	MIAMI, FL 33181,
TITLE	TD
NAME	APFEL, DR. ROBERT
STREET ADDRESS	400 ARTHUR GODFEY RD.
CITY-ST-ZIP	MIAMI, FL 33140
TITLE	MD
NAME	MELTZER, DORIS I
STREET ADDRESS	561 NW 32 STREET
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	BD
NAME	HECHAVARRIA, MORTIMER
STREET ADDRESS	7891 W. FLAGLER ST., #16B
CITY-ST-ZIP	MIAMI, FL 33141
TITLE	D
NAME	TINNIE, WALLIS DR
STREET ADDRESS	74 NW 51 STREET
CITY-ST-ZIP	MIAMI, FL 33127

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Doris I. Meltzer DORIS I. MELTZER 4/20/05 305-576-1828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #