

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 9980000977381

1. Entity Name

BAKSH ENTERPRISE
INC.

FILED

07 JAN 19 PM 4:00

NEW JAY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1208 NE 8th AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

4. FEI Number

65-0357590

Applied For

Not Applicable

Zip

33304

Country

BARBARA D

Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

CR2E034B (8/05)

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MONEE R BAKSH

Street Address (P.O. Box Number is Not Acceptable)

1424 NE 18th AVE

City

FT LAUD

FL

Zip Code

33304

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.

100086140091

01/24/07--01035--004 **300.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME MONEE R BAKSH
STREET ADDRESS 1424 NE 18th AVE
CITY-ST-ZIP FT LAUD FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

\$7 1/22

TITLE VICE PRESIDENT
NAME ALANA BAKSH
STREET ADDRESS 1424 NE 18th AVE
CITY-ST-ZIP FT LAUD FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER
NAME MEGAN BAKSH
STREET ADDRESS 1424 NE 18th AVE
CITY-ST-ZIP FT LAUD FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 17-07 9544671627