

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 22, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # F95851**

1. Entity Name  
**MERLE J. KRAVETZ, EDUCATIONAL COUNSELOR, INC.**



Principal Place of Business  
**90 EDGEWATER DR, APT 624  
MIAMI, FL 33133 US**

Mailing Address  
**90 EDGEWATER DR, APT 624  
MIAMI, FL 33133 US**



01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**KRAVETZ, MERLE J.  
91 EDGEWATER DR., APT 624  
MIAMI, FL 33133**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**PTD**  
NAME  
**KRAVETZ, MERLE J.**  
STREET ADDRESS  
**6887 SW 89 TERR**  
CITY-ST-ZIP  
**MIAMI, FL 33156**

TITLE  
**SD**  
NAME  
**KRAVETZ, JEFFREY**  
STREET ADDRESS  
**6887 SW 89 TERR**  
CITY-ST-ZIP  
**MIAMI, FL 33156**

TITLE  
**D**  
NAME  
**KRAVETZ, BRIAN**  
STREET ADDRESS  
**6887 SW 89 TERR**  
CITY-ST-ZIP  
**MIAMI, FL 33156**

TITLE  
**D**  
NAME  
**KRAVETZ, SCOTT**  
STREET ADDRESS  
**6887 SW 89 TERR**  
CITY-ST-ZIP  
**MIAMI, FL 33156**

TITLE  
**D**  
NAME  
**KRAVETZ, MARK**  
STREET ADDRESS  
**6887 SW 89 TERR**  
CITY-ST-ZIP  
**MIAMI, FL 33156**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Merle J. Kravetz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/04 305 465-9494  
Date Daytime Phone #