


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90057 007 \*\*\*158.75

<b>DOCUMENT # F95851</b> 1. Entity Name <b>MERLE J. KRAVETZ, EDUCATIONAL COUNSELOR, INC.</b>					
Principal Place of Business <b>90 EDGEWATER DR, APT 624</b> <b>MIAMI, FL 33133 US</b>			Mailing Address <b>90 EDGEWATER DR, APT 624</b> <b>MIAMI, FL 33133 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Coral Gables</b>		City & State <b>Coral Gables</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>KRAVETZ, MERLE J.</b> <b>91 EDGEWATER DR., APT 624</b> <b>MIAMI, FL 33133</b>		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ <b>Coral Gables</b> City _____ <b>FL</b> 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: <u><i>Merle J. Kravetz</i></u> <u><i>Merle J. Kravetz</i></u> <u><i>2/7/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KRAVETZ, MERLE J.</b>	NAME			
STREET ADDRESS	<b>6887 SW 89 TERR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KRAVETZ, JEFFREY</b>	NAME			
STREET ADDRESS	<b>6887 SW 89 TERR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KRAVETZ, BRIAN</b>	NAME			
STREET ADDRESS	<b>6887 SW 89 TERR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KRAVETZ, SCOTT</b>	NAME			
STREET ADDRESS	<b>6887 SW 89 TERR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KRAVETZ, MARK</b>	NAME			
STREET ADDRESS	<b>6887 SW 89 TERR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Merle J. Kravetz</i></u> <u><i>Merle J. Kravetz</i></u> <u><i>2/7/05</i></u> <u><i>305 465-9494</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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