

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P21507

1. Entity Name
KRAVET FABRICS FLORIDA, INC.



Principal Place of Business
**225 CENTRAL AVENUE SOUTH
BETHPAGE, NY 11714**

Mailing Address
**225 CENTRAL AVENUE SOUTH
BETHPAGE, NY 11714**



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number **11-2934145** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**000000548188
05/12/06-80055-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KRAVET, LARRY
STREET ADDRESS	225 CENTRAL AVENUE SOUTH
CITY - ST - ZIP	BETHPAGE, NY
TITLE	PD
NAME	KRAVET, CARY
STREET ADDRESS	225 CENTRAL AVENUE SOUTH
CITY - ST - ZIP	BETHPAGE, NY
TITLE	S
NAME	KRAVET, LISA G.
STREET ADDRESS	225 CENTRAL AVENUE SOUTH
CITY - ST - ZIP	BETHPAGE, NY
TITLE	T
NAME	SMITH, PETER
STREET ADDRESS	225 CENTRAL AVENUE SOUTH
CITY - ST - ZIP	BETHPAGE, NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA G. KRAVET

4/26/06 (86)293200
Date Daytime Phone #