


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # K49676

1. Entity Name
PRIMAVERA, INC.



Principal Place of Business
**800 SOUTH COUNTY RD
 PALM BEACH, FL 33480**

Mailing Address
**PO BOX 3425
 PALM BEACH, FL 33480**



DO NOT WRITE IN THIS SPACE

04022005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0087916

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TIGGES, PETER
 800 S COUNTY RD
 PALM BEACH, FL 33480**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TIGGES, PETER 800 S COUNTY RD PALM BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TIGGES, JANET 800 S COUNTY RD PALM BCH., FL
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00000300507
 04/12/05-80022-023 150.00

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: [Signature] 4/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #