

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N03000008192

1. Entity Name

PRIMEVERE DE FLORIDE, INC.



Principal Place of Business

8961 AZALEA CIRCLE
MIRAMAR, FL 33025 US

Mailing Address

8961 AZALEA CIRCLE
MIRAMAR, FL 33025 US

DO NOT WRITE IN THIS SPACE

04252006 No Chg-NP

CR2E037 (11/06)

4. FEI Number

43-2028890

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

2. Name and Address of Current Registered Agent

MAZARIN, ADELINE
8961 AZALEA CIRCLE
MIRAMAR, FL 33025

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IN THIS SPACE**

3. 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 I 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

Filing Fee is \$61.25
Due by May 1, 20068. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPP
PAULD, MARGUERITE M
2325 QUEENS WAY
NAPLES, FL 34112TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPVP
CARTRIGHT, RONY
16208 LAUREL DRIVE
WESTON, FL 33326TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPT
PARET, FRITZ
17954 35 STREET
MIRAMAR, FL 33029TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTA
CARTRIGHT, EVELINE
16208 LAUREL DRIVE
WESTON, FL 33326TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPS
MAZARIN, ADELINE
8961 AZALEA CIRCLE
MIRAMAR, FL 33025TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPSA
KETTY, CHARLES P
12130 NW 20 ST
CORAL SPRINGS, FL 33065

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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 617, 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

4/24/06 (954) 441-9156