


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000008192</b> 1. Entity Name <b>PRIMEVERE DE FLORIDE, INC.</b>	
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Principal Place of Business <b>8961 AZALEA CIRCLE MIRAMAR, FL 33025 US</b>	Mailing Address <b>8961 AZALEA CIRCLE MIRAMAR, FL 33025 US</b>
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**DO NOT WRITE IN THIS SPACE**



03042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>43-2028890</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MAZARIN, ADELINE  
8961 AZALEA CIRCLE  
MIRAMAR, FL 33025**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000757624</b> <b>05/23/07-00079-003 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAULD, MARGUERITE M 2325 QUEENS WAY NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. CARTRIGHT, RONY 16208 LAUREL DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. PARET, FRITZ 17954 35STREET MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TA. CARTRIGHT, EVELINE 16208 LAUREL DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. MAZARIN, ADELINE 8961 AZALEA CIRCLE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA. KETTY, CHARLES P 12139 NW 29 ST CORAL SPRINGS, FL 33065

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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:** Adeline Mazarin 4/28/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #