

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000086885

Entity Name: PRIMAVERA ADULT DAY CARE INC

Current Principal Place of Business:

811 NW 34 AVE
MIAMI, FL 33125

Current Mailing Address:

811 NW 34 AVE
MIAMI, FL 33125

FEI Number: 47-2245476

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAURI, NEIDYS
811 NW 34 AVE
MIAMI, FL 33125 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MAURI, NEIDYS
Address 811 NW 34 AVE
City-State-Zip: MIAMI FL 33125

Title V
Name ALVAREZ, JOANDYS
Address 811 NW 34 AVE
City-State-Zip: MIAMI FL 33125

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NEIDYS MAURI

PRIMAVERA

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date