

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000050451

FILED  
Mar 29, 2010  
Secretary of State

Entity Name: MORVEN, INC.

**Current Principal Place of Business:**

MITRE 142 - SAN NICOLAS  
BUENOS AIRES ARGENTINA CP290,

**New Principal Place of Business:**

MITRE 142 - SAN NICOLAS  
BUENOS AIRES ARGENTINA, XX CP290 SA

**Current Mailing Address:**

MITRE 142 - SAN NICOLAS  
BUENOS AIRES ARGENTINA CP290,

**New Mailing Address:**

MITRE 142 - SAN NICOLAS  
BUENOS AIRES ARGENTINA, XX CP290 SA

FEI Number: 46-0522661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BOULEVARD  
SUITE 1225  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: MORICONI, GUILLERMO F  
Address: MITRE 142 - SAN NICOLAS  
City-St-Zip: BUENOS AIRES ARGENTINA, XX CP290 SA

Title: DVP  
Name: VENTIMIGLIA, MARIA L  
Address: MITRE 142 - SAN NICOLAS  
City-St-Zip: BUENOS AIRES ARGENTINA, XX CP290 SA

Title: D  
Name: MORICONI, SERGIO I  
Address: 161 BIS - SAN NICOLAS  
City-St-Zip: BUENOS AIRES ARGENTINA, XX CP290 SA

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: GUILLERMO F MORICONI

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03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date