

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000003279

1. Entity Name
DARMA B.V.



Principal Place of Business
**PRINSENGRACHT 701, 1017JV
AMSTERDAM, NETHERLANDS, JV 1017**

Mailing Address
**PO BOX 680
WINTER PARK, FL 32790 US**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

**HENIN, JEROME
107 PHILLIPPE CT
DEBARY, FL 32713**

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	C TAYLOR, FRANK DAVID PRINSENGRACHT 701 1017JV AMSTERDAM NETHERLANDS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BANHOLZER, GUIDO WENGISTRASSE 7 8004 ZURICH SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRERA, EDAURDO JOSE V WENGISTRASSE 7 8004 ZURICH, SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZANOTTO, NIVES WENGISTRASSE 7 8004 ZURICH SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000804228
02/05/08-80059-019 150.00

**DO NOT WRITE
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome H. Henin
Date
Daytime Phone #