

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000088863

Entity Name: DARMIVEN, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

6355 NW 36TH STREET 5TH FLOOR
STE 506
VIRGINIA GARDENS, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

6355 NW 36TH STREET 5TH FLOOR
STE 506
VIRGINIA GARDENS, FL 33166 US

New Mailing Address:

FEI Number: 65-0542367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBREGON, CARLOS E
6355 NW 36TH STREET 5TH FLOOR
VIRGINIA GARDENS, FL 33166 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IGLESIAS, CARLOS A
Address: 6355 N.W. 36TH STREET, STE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: TD () Delete
Name: OBREGON, CARLOS E
Address: 6355 N.W. 36TH STREET, SUITE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: SD () Delete
Name: GONZALEZ, FELIPE J
Address: 6355 N.W. 36TH STREET, SUITE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OBREGON, CARLOS E
Address: 6355 N.W. 36TH STREET, STE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: VP (X) Change () Addition
Name: GONZALEZ, FELIPE J
Address: 6355 N.W. 36TH STREET, SUITE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: TD (X) Change () Addition
Name: GONZALEZ, FELIPE J
Address: 6355 N.W. 36TH STREET, SUITE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: SD () Change (X) Addition
Name: CAICOYA, MARIANGEL
Address: 6355 N.W. 36TH STREET, SUITE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: OBREGON, CARLOS E.

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date