2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P94000088863

1. Entity Name

DARMIVEN, INC.

Principal Place of Business	Mailing Address
6355 NW 36TH STREET 5TH FLOOR STE 506 VIRGINIA GARDENS FL 33166 US	6355 NW 36TH STREET 5TH FLOOR STE 506 VIRGINIA GARDENS FL 33166 US

2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc. — Suite, Apt. #, etc.

City & State — City & State

Zip — Country — Zip — Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0542367 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 ______________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	
PD	OBREGON, CARLOS E	6355 N.W. 36TH STREET, STE 506	VIRGINIA GARDENS FL 33166	☐ Delete
VP	GONZALEZ, FELIPE J	6355 N.W. 36TH STREET, SUITE 506	VIRGINIA GARDENS FL 33166	☐ Delete
TD	GONZALEZ, FELIPE J	6355 N.W. 36TH STREET, SUITE 506	VIRGINIA GARDENS FL 33166	☐ Delete
SD	CAICOYA, MARIANGEL	6355 N.W. 36TH STREET, SUITE 506	VIRGINIA GARDENS FL 33166	☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

00000855111
03/27/08--80036--010 150.00

(Six blank entries: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, each with ☐ Change ☐ Addition)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] Carlos E. Obregón 03/03/2008 (305) 871-1157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #