

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 6355 NW 36TH STREET 5TH FLOOR STE 506 VIRGINIA GARDENS FL 33166 US	Mailing Address 6355 NW 36TH STREET 5TH FLOOR STE 506 VIRGINIA GARDENS FL 33166 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 65-0542367	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fec Required
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6. Name and Address of Current Registered Agent OBREGON, CARLOS E 6355 NW 36TH STREET 5TH FLOOR VIRGINIA GARDENS FL 33166	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature typed or printed name of current registered agent, if applicable. (NOTE: Registered agent signature required when transferring.)

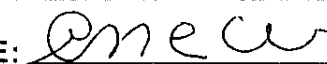
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, FELIPE J 6355 N.W. 36TH STREET, SUITE 506 VIRGINIA GARDENS FL 33166 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, FELIPE J 6355 N.W. 36TH STREET, SUITE 506 VIRGINIA GARDENS FL 33166 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAICOYA, MARIANGEL 6355 N.W. 36TH STREET, SUITE 506 VIRGINIA GARDENS FL 33166 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000855111 03/27/08-00036-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  **CARLOS E. OBREGON** 03/03/2008 (305) 871-1157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR