2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2011
Secretary of State

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Entity Name: DARMIVEN, INC.

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
Name: OBREGON, CARLOS E
Address: 6355 N.W. 36TH STREET, STE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166 23

Title: VP
Name: GONZALEZ, FELIPE J
Address: 6355 N.W. 36TH STREET, SUITE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166 23

Title: TD
Name: GONZALEZ, FELIPE J
Address: 6355 N.W. 36TH STREET, SUITE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166 23

Title: SD
Name: CAICOYA, MARIANGEL
Address: 6355 N.W. 36TH STREET, SUITE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166 23

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: CARLOS OBREGON PD 04/05/2011

Electronic Signature of Signing Officer or Director Date