

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2/14/2005-90046-049-\$150.00-\$150.00

FILED

05 MAR 22 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40011100

DOCUMENT # 1. Entity Name	F04000006367
HIVE USA INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1586 NW 82nd St Suite, Apt. #, etc.	3. Mailing Address 1586 NW 82nd St Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 42-1548009	Applied For Not Applicable
Zip 33126	Country	Zip 33126	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Eduardo Leiseca, EA	
Street Address (P.O. Box Number is Not Acceptable) 9655 So Dixie Hwy Suite 113	
City Miami	Zip Code 33156

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

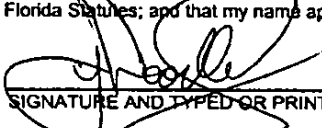
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Woodhead, Christopher 1586 NW 82nd St Miami, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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JH 3/29

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____



Christopher Woodhead, President

1/24/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #