

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90072 005 \*\*\*150.00

<b>DOCUMENT # F04000006367</b>					
<b>1. Entity Name</b> HIVE USA INC.					
<b>Principal Place of Business</b> 1586 NW 82ND ST MIAMI, FL 33126			<b>Mailing Address</b> 1586 NW 82ND ST MIAMI, FL 33126		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> <div style="font-family: cursive; font-size: 1.2em;">CB EDUARDO LEISECA EA</div> <div style="font-family: cursive; font-size: 1.2em;">9655 SO DIXIE HWY</div>		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <div style="font-family: cursive; font-size: 1.2em;">113</div>		
City & State			City & State <div style="font-family: cursive; font-size: 1.2em;">MIAMI FL</div>		
Zip		Country		Zip <div style="font-family: cursive; font-size: 1.2em;">33156</div>	
Country <div style="font-family: cursive; font-size: 1.2em;">USA</div>		01242006    Chg-P    CR2E034 (11/05)			
<b>4. FEI Number</b> 42-1548009				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEISECA, EDUARDO EA 9655 SO. DIXIE HIGHWAY, SUITE 113 MIAMI, FL 33156			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WOODHEAD, CHRISTOPHER 1586 NW 82ND ST MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.</b>					
<b>SIGNATURE:</b> _____ <span style="float: right;">Date: 1/24/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					