2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED DOCUMENT # P05000154321 Aug 18, 2008 08:00 AM Secretary of State 1. Entity Name HILVE CORP. Principal Place of Business Mailing Address 8360 WEST FLAGLER STREET SUITE #200 8360 WEST FLAGLER STREET SUITE #200 MIAMI, FL 33144 MIAMI, FL 33144 08142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1268244 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HIDALGO, GERALDINE 8360 WEST FLAGLER STREET SUITE #200 IN THIS SPACE MIAMI, FL 33144 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) \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE HIDALGO, GERALDINE NAME 8360 WEST FLAGLER STREET SUITE #200 STREET ADDRESS "₄600000957762" * CITY-ST-ZIP MIAMI, FL 33144 08/18/08-80001-017 150,00 TITI F NAME STREET ADDRESS CITY-ST-ZIP A the historia de la libra de la colonia TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPAC TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR