
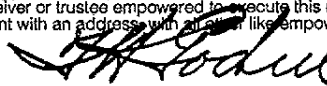


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S08689 1. Entity Name HUGO U.S., INC.		
Principal Place of Business 1320 BOULEVARD GRAHAM SUITE 127 MONTREAL, QC H3P3C-8	Mailing Address 1320 BOULEVARD GRAHAM SUITE 127 MONTREAL, QC H3P3C-8	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GODIN, BERNARD C/O BERGO INC. 21301 POWELINE RD, STE 207 BOCA RATON, FL 33433		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODIN, HUBERT 1320 GRAHAM BLVD STE 127 MONTREAL, QUEBEC, CANADA, h3p 3c8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GODIN, JACQUES 1211 A MONTEE DE LIESSE LAUTENT, MONTREAL, CA h4s1j7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT GODIN, BERNARD 21301 POWWRLINE RD STE 207 BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 officer or like empowered.		
SIGNATURE:  APRIL 26 514-737-3919 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04262006	No Chg-P	CR2E034 (11/05)
4. FEI Number 98-0113713	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

U000000546212
05/11/06-80109-008 150.00

**DO NOT WRITE
IN THIS SPACE**