

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078345

Entity Name: BLUE ORIGINS, INC.

FILED  
Feb 13, 2009  
Secretary of State

## Current Principal Place of Business:

50 S.W. 19TH RD  
MIAMI, FL 33129

## New Principal Place of Business:

## Current Mailing Address:

50 S.W. 19TH RD.  
MIAMI, FL 33129

## New Mailing Address:

FEI Number: 56-2380266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALCINES, JACQUELINE A ESQ.  
3037 SW 21ST ST  
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CALDERON, KLAUS R  
Address: 848 BRICKELL KEY DRIVE. APT. 2401  
City-St-Zip: M, FL 33131

Title: VD ( ) Delete  
Name: CALDERON, MARIA F  
Address: 848 BRICKELL KEY DRIVE. APT. 2401  
City-St-Zip: MIAMI, FL 33131

Title: SD ( ) Delete  
Name: CALDERON, MARIA S  
Address: 848 BRICKELL KEY DRIVE. APT. 2401  
City-St-Zip: MIAMI, FL 33131

Title: TD ( ) Delete  
Name: CALDERON, MARIA L  
Address: 848 BRICKELL KEY DRIVE. APT. 2401  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: CALDERON, RAUL F  
Address: 848 BRICKELL KEY DRIVE. APT. 2401  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KLAUS CALDERON

CEO

02/13/2009

Electronic Signature of Signing Officer or Director

Date