2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060920

CARDOSO, OCTAVIO

BOCA RATON, FL 33433

8606 VIA GIARDINO

Name:

Address:

City-St-Zip:

Entity Name: BLUEMELLOW HOLDINGS CORP

FILED Apr 07, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Princip	New Principal Place of Business:		
	NIVERSITY DI	RIVE				
104A CORAL SF	PRINGS, FL 3	330674644 US				
Current Mailing Address:			New Mailing	New Mailing Address:		
5491 N. UNIVERSITY DR.				5491 N. UNIVERSITY DRIVE 104A		
	104A CORAL SPRINGS, FL 330674644 US		CORAL SPRINGS, FL 330674644 US			
FEI Number:	: 20-3281770	FEI Number Applied For ()	FEI Number Not Applic	cable () Certificate of Star	tus Desired()	
Name and	Address of	Current Registered Agent:	Name and A	Name and Address of New Registered Agent:		
5491N. UN 104A CORAL SF	NIVERSITY DF PRINGS, FL 3	330674644 US	numace of shanging its	registered office or registere	d agent or both	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its	s registered office or registere	ed agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent	Date		
Election Car	mpaign Financir	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MELLO, PAUL RUA GUSTAVO) Delete O CESAR B O SAMPAIO, 609 / 701 RO, RJ 22010 BR	Title: Name: Address: City-St-Zip:	()Change ()Additio	on	
Title: Name: Address: City-St-Zip:	D (VASCONCELL 8628 VIA ANCI BOCA RATON	HO RD	Title: Name: Address: City-St-Zip:	()Change ()Additio	on	
Title:	VP () Delete	Title [.]	() Change () Additio	on	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: OCTAVIO CARDOSO MR. 04/07/2009