N03000010605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ *Certificates of Status* _____

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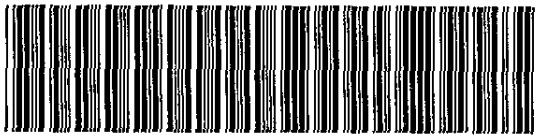

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TALLAHASSEE, FLORIDA

off - Resign

C. Coulliette JUL 18 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Almavision Miami Inc.
(Name of Corporation)

DOCUMENT NUMBER: N03000010605

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Malavenda mispelled as Paul Malaverde
(Name of Person)

Almavision Miami Inc.
(Name of Firm/Company)

1881 N.E. 146 st
(Address)

North Miami, Fl 33181
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Malavenda at (305) 443 1103
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Paul Malavenda, hereby resign as Secretary
(Title)

of AlmaVision Miami Inc.,
(Name of Corporation)

N03000010605, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

P Malavenda DC
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314