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TRANSMITTAL LETTER

ALARASSIC PORTO TO: Amendment Section Division of Corporations DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PROON (Name of Person) (Name of Firm Company) 904 LINCOLN ROAD. For further information concerning this matter, please call: Symplectic 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 TO PARTIE SO

I, EU DADON , hereby resign as PRESIDENT (Title)

of GRUERIA II Inc.

(Name of Corporation)

(Document Number, if known)

FLORIDIA . (AS OF JULY 2004)

(Signature of resigning officer/director)

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