P0300091110

(Red	questor's Name)			
(Add	dress)			
(Ade	dress)			
(Cit	y/State/Zip/Phone	· #)		
PICK-UP	WAIT	MAIL		
(Bu:	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



200067580542

03/14/06--01004--009 **35.00

06 MAR 14 PM 2: 01

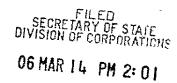
Ps 3/21/06

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: MALCA - AMIT ARMORE! (Name of Corporation) DOCUMENT NUMBER: P030000 9 111 0) , INC.
The enclosed Officer/Director Resignation for a Corporation and fed	e are submitted for filing.
Please return all correspondence concerning this matter to the follow	ving:
APRILLE WIGGINS (Name of Person)	-
MALCA- AMIT USA, LLC	· · · · · ·
(Name of Firm/Company)	
153-66 ROCKAWAY BLVD.	
(Address)	
JAMAICA, NY (1434 (City/State and Zip Code)	
(City/State and Zip Code)	 .
For further information concerning this matter, please call:	
APRILLE WIGGINS at (718) 52 (Name of Person) (Area Code & Day)	5-6100 X 105
(Name of Ferson) (Area Code & Day	unic relephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Departn	nent of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ROBERT E. PRZ	YWARA	, hereby resig	n asPRES	(Title)	
of MALCA - AM					
		mon)			
10300009111	a corpo	oration organize	ed under the laws	s of the State of	
(Document Number, if known)	· ·			
FLORIDA					
		•	•		

(Signature of resigning officer/director)

APRILLE WIGGINS
States of New York
is triwis 183101 Qualited in Nesseu Cou
Demnission Expires December 15, 2007

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