## P04000130045

(Req	uestor's Name)	<del></del>
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(City.	/State/Zip/Phone	e #)
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SECRETARY OF STATE ALLAHASSEF, FLORIDA

Office Resign air Murphy 1/23/08

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: ABORIGENA CORP/
(Name of Corporation)
DOCUMENT NUMBER: P04000130045
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ANNA PIVA
(Name of Person)
ABORIGENA CORP.
(Name of Firm/Company)
1150 COLLINS AVENUE # 401
(Address)
MIAMI BEACH FL 33139
(City/State and Zip Code)
For further information concerning this matter, please call:
ANNA PIVA at ( 786 ) 277 4398 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department 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

	VA , hereby resign as VS (Title)	I, ANNA PIVA
	(Title)	
,	1	of_ABORIGENA,CORP.
	(Name of Corporation)	
	, a corporation organized under the laws of the State of	P04000130045 (Document Number, if known)
	·	FLORIDA
FILED	(Signature of resigning officer/director)  SEE, FLORIDA  (Signature of resigning officer/director)	·
) )		<del></del>

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

FILING FEE IS \$35.00

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