

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
(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**

I, ANNA PIVA, hereby resign as VS _____
(Title)

of ABORIGENA CORP. _____
(Name of Corporation)

P04000130045, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA _____

Anna Piva
(Signature of resigning officer/director)

08 JAN 15 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



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