P0500005295

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MA	IL		
(Business Entity Name)			
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	DECT: DECORMUNDO CORP.
	(Name of Corporation)
DOC	UMENT NUMBER: P05000005295
	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
ALE	JO S. TARRUELLA
	(Name of Person)
DEC	CORMUNDO CORP.
	(Name of Firm/Company)
2665	5 SW 37 AVE., #910
	(Address)
MIAI	MI, FL 33133
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
ALEJ	(Name of Person) at (305) 569-0143 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Ameno Division Cliftor 2661 E	Address: dment Section on of Corporations on Building Executive Center Circle assee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ALEJO S. TARRUELLA	, hereby resign as DIRECTOR		
·	(Title)		
of DECORMUNDO CORP.		,	
(Nan	e of Corporation)		
P05000005295 (Document Number, if known)	a corporation organized under the laws of the State of		
FLORIDA	<u></u> .		
	(Signature of resigning officer/director)		
	(Signature of resigning officer/director)		
	TALL		
	APR	1	
	FILING FEE IS \$35.00	LEU	
Make checks payabl	e to Florida Department of State and mail to: RICE		

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