

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LABOR ADVANTAGE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000015690

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEFINA JOHNSEN

(Name of Person)

LABOR ADVANTAGE, INC.

(Name of Firm/Company)

4107 N.W. 135 STREET

(Address)

OPA LOCKA, FL. 33054

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEFINA JOHNSEN at **(305) 687-8900**

(Name of Person)

(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
2661 Executive Center Circle
Tallahassee, FL 32301

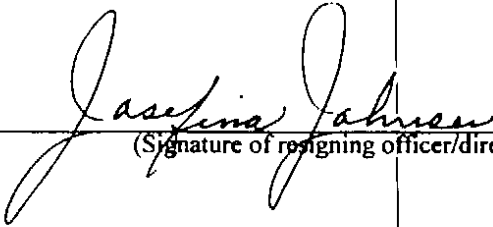
OFFICER/DIRECTOR RESIGNATION
FOR A CORPORATION

I, JOSEFINA JOHNSEN, hereby resign as VICE PRESIDENT OF OPERATION
(Title)

of LABOR ADVANTAGE, INC
(Name of Corporation)

P05000015690, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

TALLAHASSEE, FLORIDA

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