

PO6000141723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

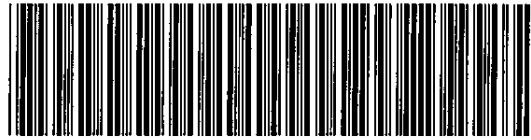
(Business Entity Name)

(Document Number)

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A handwritten signature in black ink, appearing to read "C. Coulliette".

C. Coulliette JAN 24 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B&E MEDICAL, CORP.
(Name of Corporation)

DOCUMENT NUMBER: P06000141723

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

Please return all correspondence concerning this matter to the following:

JADDREY BELLON
(Name of Person)

B&E MEDICAL, CORP.
(Name of Firm/Company)

2607 NW 20 ST
(Address)

MIAMI, FL 33142
(City/State and Zip Code)

For further information concerning this matter, please call:

JADDREY BELLON at (786) 333-1502
(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

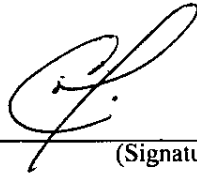
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CARLOS MOREI, hereby resign as VICE PRESIDENT
(Title)

of B&E MEDICAL, CORP.
(Name of Corporation)

P06000141723, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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