P98000028229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

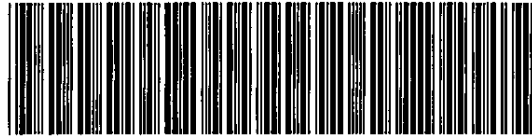☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

T. Roberts JUN 0 5 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rojas Incorporated
_____
(Name of Corporation)

DOCUMENT NUMBER: P98000028229
_____

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

Please return all correspondence concerning this matter to the following:

Ana M. Rojas
_____
(Name of Person)

_____
(Name of Firm/Company)

11542 SW 152 Place
_____
(Address)

Miami, FL 33196
_____
(City/State and Zip Code)

_PLEASE PROVIDE
CERTIFIED COPY &
RETURN IN THE
SELF-ADDRESSED
FEDEX ENVELOPE.
THANK YOU !_

For further information concerning this matter, please call:

Ana M. Rojas   at (**305**) 804-3532
_____
(Name of Person)   (Area Code & Daytime Telephone Number)

_43.75_
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
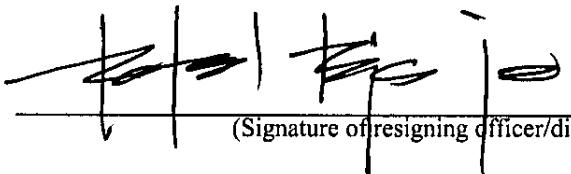Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, __Rafael Rojas, Jr._____, hereby resign as __President and Director__
                                                         (Title)

of__Rojas Incorporated_____,
              (Name of Corporation)

__P98000028229_____, 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