

PO 30006 48419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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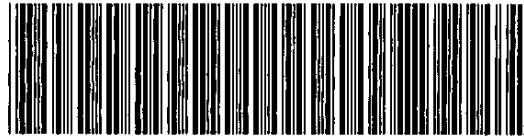
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: MATISSE CORP
(Name of Corporation)

DOCUMENT NUMBER: P03000048419

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

Please return all correspondence concerning this matter to the following:

ROMINA FIGUERA
(Name of Person)

MATISSE CORP
(Name of Firm/Company)

2087 PASA VERDE LANE
(Address)

WESTON, FL 33327
(City/State and Zip Code)

For further information concerning this matter, please call:

ROMINA FIGUERA at (954) 2422176
(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, WALTER ESCUDER, hereby resign as PRESIDENT
(Title)

of NIATISSE CORP
(Name of Corporation)

P03000048419, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

WALTER ESCUDER
(Signature of resigning officer/director)

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06 OCT 11 PM 8:42
SECRETARY OF STATE
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