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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SANDRA MARTINE	Z CORP.	
(Name of Corporation)		
DOCUMENT NUMBER: P110	00079107	
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing.	
Please return all correspondence con	cerning this matter to the following:	
SANDRA MARTINEZ	•	
(Name of Perso	on)	
SANDRA MARTINEZ CORP.	<i>.</i>	
(Name of Firm/Cor	npany)	
10775 NW 76 LN		
(Address)		
DORAL FL 33178		
(City/State and Zip	Code)	
For further information concerning the	his matter, please call:	
SANDRA MARTINEZ	at (786) 6830814 (Area Code & Daytime Telephone Number)	
(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. SANDRA MARTINEZ	, hereby resign as PRESIDENT	
	, , ,	(Title)
of SANDRA MARTINEZ CORP.		,
(Name of C	Corporation)	,
P11000079107 (Document Number, if known)	a corporation organized under the law	s of the State of
FLORIDA		
V		. F
(Signa	ature of resigning officer/director)	BILLOCT -4 PM 4: 11 SECRETARY OF STATE ALLIANASSEE FLORID

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