430185

(Reque	stor's Name)		
(Addres	ss)	-	
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(City/State/Zip/Phone #)			
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TALL ANASSEE FLORING

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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		
SUB	JECT: MI TIO DRIVING SCHOOL		
	(Name of Corporation)		
DOC	UMENT NUMBER:		
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please	e return all correspondence concerning this matter to the following:		
ALB	BERTO S. GONZALEZ		
	(Name of Person)		
МΙΤ	TIO DRIVING SCHOOL		
	(Name of Firm/Company)		
393	9 nw 7TH. STREET, SUITE 209		
	(Address)		
MIA	MI, FL 33126-5552		
-	(City/State and Zip Code)		
For fu	urther information concerning this matter, please call:		
ALBI	ERTO S. GONZALEZ at (305) 642 0300 (Area Code & Daytime Telephone Number)		
	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.		
Amer Divisi P.O. I	ng Address: Indment Section Ion of Corporations Box 6327 Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee FL 32314 Tallahassee FL 32399		

TO:



May 12, 2004

Alberto S. Gonzalez 3939 NW 7th Street Suite 209 Miami, FL 33126-5552

SUBJECT: MI TIO INC. Ref. Number: 430185

We have received your document for MI TIO INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Letter Number: 104A00033244

Annette Ramsey Document Specialist

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

04 755000	MAY 21	ED
TALLAIIA NT	Airy OF SSEE, FI	M 8: 48
NT	٠ ٧ (ORIDA

L ANTONIO OROSA	hereby resign as PRESIDENT	
7	(Title)	
of MITIO INC		
(Name	of Corporation)	
(Document Number, if known)	, a corporation organized under the laws of the State of	
	<u></u>	

(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