

509948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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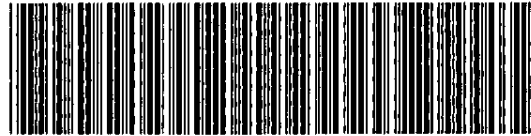
(Business Entity Name)

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11 NOV 28 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*for 11-30-11*

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Alberni, Caballero & Alberni, P.A.  
DOCUMENT NUMBER: 509948

The enclosed ~~Articles of Amendment~~ and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Perla F. Abrams  
Name of Contact Person  
Abrams & Abrams, P.A.  
Firm/ Company  
9300 SW 87<sup>th</sup> Ave Suite 5  
Address  
Miami, FL 33176  
City/ State and Zip Code  
pabrams@abramslaw.cc  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Perla Abrams at ( 305 ) 598-1880  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

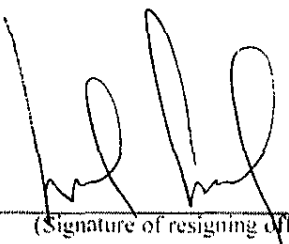
Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
11 NOV 28 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Nelson Caballero, hereby resign as Vice President/Director  
(Title)  
of Alberni, Caballero & Alberni, P.A.  
(Name of Corporation)

509948, 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