

F030000004180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800074680048

05/18/06--01034--007 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 18 PM 3:26

O/D Resign.

05/26/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE CMI NETWORK INC.
(Name of Corporation)

DOCUMENT NUMBER: F030000004180

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

Please return all correspondence concerning this matter to the following:

RENE GARCIA
(Name of Person)

THE GARCIA FIRM CPA, P.C.
(Name of Firm/Company)

37-06 82ND ST.
(Address)

JACKSON HEIGHTS, NY 11372
(City/State and Zip Code)

For further information concerning this matter, please call:

RENE GARCIA at (718) 533-0300
(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

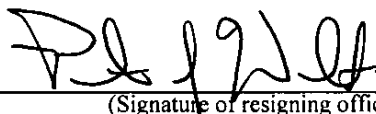
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PETER J. WRIGHT, hereby resign as PRESIDENT
(Title)

of THE CMI NETWORK, INC.
(Name of Corporation)

F03000004180, a corporation organized under the laws of the State of
(Document Number, if known)

NEW YORK


(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 18 PM 3:26