

F03000004180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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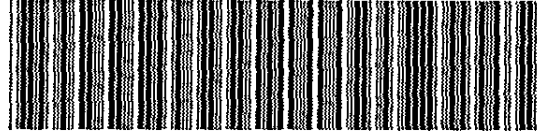
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

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

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Nicholas Russo  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

100 E. Old Country Rd. Suite 11  
(Address)

Mineola, N.Y. 11501  
(City/State and Zip Code)

For further information concerning this matter, please call:

NICHOLAS RUSSO at ( 516 ) 877-0800  
(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

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DIVISION OF CORPORATIONS

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**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, NICHOLAS RUSSO, hereby resign as Secretary/Director  
(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

Nicholas F. Russo  
(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