G10596

(Requestor's Name)	
(Address)	
(1.001000)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
	-
(Business Entity Name)	
(Document Number)	
	,
Certified Copies Certificates of State	
Certified Copies Certificates of Stati	us
Special Instructions to Filing Officer:	
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Old Resign.
04/20/09
DC

COVER LETTER

Division of Corporations	
SUBJECT: GILECA INT	(Name of Corporation)
	(Name of Corporation)
DOCUMENT NUMBER:	10596
The enclosed Officer/Director Resign	ation for a Corporation and fee are submitted for filing
Please return all correspondence conc	eerning this matter to the following:
GILBERTO LEON	
(Name of Person	1)
GILECA INTE	DATIONAL CORP.
(Name of Firm/Com	pany)
9960 N. W 79 AV	<i>6</i>
(Address)	
HIALEAH GARDENS FO	4 33016
(City/State and Zip 6	Code)
For further information concerning th	is matter, please call:
GILBERTO LEON	at (305) 883-9940 (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.
Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l.	ANTONIO PRADO	, hereby resign as DIRECTOR	
``		(Title)	
of	GILECA INTERNATIO		
	(Nam	e of Corporation)	
	G10596 (Document Number, if known)	, a corporation organized under the laws of the State of	
	FLORIDA	<u> </u>	
		(Signature-of resigning officer/director) ATTOM TO ATTOM	i
		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