

L31555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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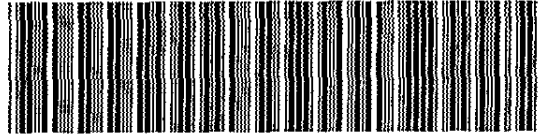
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Factual Credit Bureau, Inc
(Name of Corporation)

DOCUMENT NUMBER: L31555

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

Please return all correspondence concerning this matter to the following:

Albert Larroque
(Name of Person)

Factual Credit Bureau, Inc
(Name of Firm/Company)

6955 NW 77 AVENUE
(Address)

Miami FL 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

Albert Larroque at (305) 887-5106
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

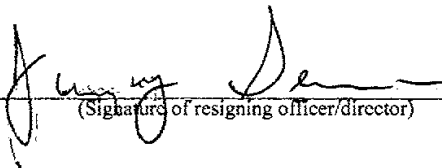
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jimmy Servano, hereby resign as President
(Title)

of Factol Credit Bureau, Inc.
(Name of Corporation)

L31555, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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