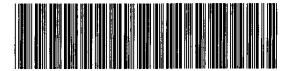
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COVER LETTER

Division of Corporations
SUBJECT: /0/5 Sount / Name of Corporation) (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:
EDWARD ALFARD (Name of Person)
1015 South ISC (Name of Firm/Company)
1015 South FEDERAL HWY (Address)
DEERFIELD BEACH, F1 3344/ (City/State and Zip Code)
For further information concerning this matter, please call:
Evuaco Aconeo at (561) 699-4898 (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

[, _	EDWALD ALFARD	, hereby resign as	VILE PRE	(Title)		
of_	1015 South INC (Name of Corporation	oration) rporation organized und	er the laws of t	ASSEE, FLORI	12 FEB 15 AM 11: 13	FILED
	- Cignature (Signature	fresigning officer/director	or)	_		

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