

ND40000000 114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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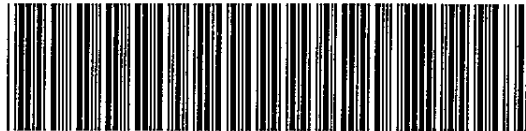
(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Rs 2/10/04
P.D. Res.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Association of Professional African Americans For AIDS Awareness & Education.
(Name of Corporation)

DOCUMENT NUMBER: 16400000114

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

Please return all correspondence concerning this matter to the following:

Victoria Riley
(Name of Person)

National Association of Professional African Americans For AIDS Awareness & Education, INC.
(Name of Firm/Company)

1280 SW 101 Terrace #212
(Address)

Pembroke Pines FL 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

Victoria Riley at (954) 437-0953
(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

FILED

04 FEB -4 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Ziras Grant, hereby resign as Executive Director
(Title)

of National Association of Professional African Americans For AIDS Awareness & Education, INC.
(Name of Corporation)

N04000000114, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Ziras V. Grant
(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