## 1405000006316

(Red	questor's Name)	
(Add	dress)	· <del></del>
(Add	dress)	
(City	//State/Zip/Phone	∋ #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	. Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100065696351

Øff Resegr

02/13/06--01050--008 \*\*35,00

OG MAR 13 AM 2: 58
SLUMARSSEE, FLORID

Say

## **COVER LETTER**

SURJECT. IGLESIA CHRISTIANA	DIOS DE PACTOS
SUBJECT: IGLESIA CHRISTIANA	(Name of Corporation)
DOCUMENT NUMBER: N05000	006316
The enclosed Officer/Director Resignat	ion for a Corporation and fee are submitted for filing
Please return all correspondence concer	ning this matter to the following:
DENISSE GALLO	
(Name of Person)	
IGLESIA CHRISTIANA DIOS DE F	PACTOS
(Name of Firm/Compa	any)
13899 BISCAYNE BLV-SUITE 400	)
(Address)	<del></del>
NMB,FLORIDA 33138	
(City/State and Zip Co	ode)
For further information concerning this	matter, please call:
DR OSCAR A RUIZ	at ( 954 ) 885-9010 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pa	ayable to the Florida Department of State.
Amendment Section A Division of Corporations D Clifton Building P	Mailing Address: mendment Section livision of Corporations ost Office Box 6327 allahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



DENISSE GALLO	, hereby resign as REV-PRESIDENT	
, <u> </u>	(Title)	
of IGLESIA CHRISTIANA	DIOS DE PACTOS CORP	
	(Name of Corporation)	
NO5000006316	, a corporation organized under the laws of the State of	
(Document Number, if know	m)	
FLORIDA		

(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