

NO6000011978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

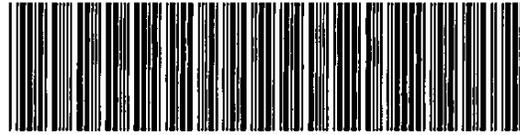
(Business Entity Name)

(Document Number)

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O.D Res.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Centro de Adoracion de Palm Beach, Corp.

(Name of Corporation)

DOCUMENT NUMBER: N06000011978

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

Please return all correspondence concerning this matter to the following:

Belarminio Martinez

(Name of Person)

Ministerios Nueva Vision, Inc

(Name of Firm/Company)

921 East 47 Street

(Address)

Hialeah, Florida 33013

(City/State and Zip Code)

For further information concerning this matter, please call:

Belarminio Martinez at (305) 688-5126

(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

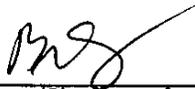
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Belarminio Martinez, hereby resign as Chairman/ Director
(Title)

of Centro de ADoracion de Palm Beach, Corp.
(Name of Corporation)

N06000011978, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

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SECRETARY OF STATE
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