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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DORAL RUNNERS (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:
INAK: MENDOZA
Name of Person)
(Name of Firm/Company)
4740 NW 98 PLACE
(Address)
DORAL FLORIDA, 33178
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 7983030 (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 JUAN P.	CARIZASCO	, hereby resign as_	SECRETA	22Y
	· · · · · · · · · · · · · · · · · · ·		(Ti	itle)
of DORAL	RUNNERS,	INC.		······································
	(Name of Corpor	ation)		
NOGODO	066779, a corp	poration organized un	den the laws of the	State of
(Document Numb	er, if known)	oracion organized un	det the laws of the	state of
FLORIN	<u> </u>			
	Maria		÷.	DIVISION OF DEP
_	(Stefature)	of resigning officer/direc	8/29/08	POR STATE
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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