

PO1000006560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

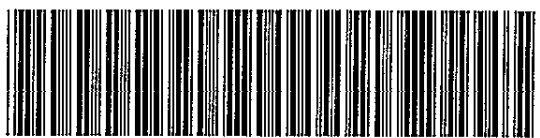
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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500015759225

*Resignation of  
Officer*

04/16/03--01072--002 \*\*35.00

FILED  
03 APR 16 PM 4:20  
TALLAHASSEE, FLORIDA

*ADR  
4/12/03*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARALGO INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000006560  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

NICHOLAS CHIRIBOGA  
\_\_\_\_\_  
(Name of Person)

ARALGO INC.  
\_\_\_\_\_  
(Name of Firm/Company)

\_\_\_\_\_  
(Address)

TALLAHASSEE, FL.  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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

03 APR 16 PM 4: 20

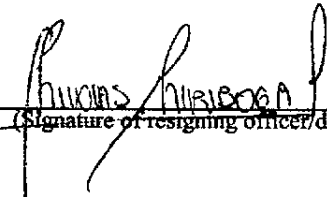
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, NICHOLAS CHIRIBOGA, hereby resign as GENERAL MANAGER  
(Title)

of ARALGO INC.  
(Name of Corporation)

P01000006560, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
NICHOLAS CHIRIBOGA  
(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