

PO1000018868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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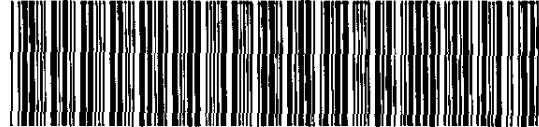
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DALLAD & ASSOCIATES
(Name of Corporation)

DOCUMENT NUMBER: DO 10000 18868

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

Please return all correspondence concerning this matter to the following:

Ahmad ALsallad
(Name of Person)

Jallad & Associates
(Name of Firm/Company)

10701 N. 56TH ST.
(Address)

Tampa, FL 33617
(City/State and Zip Code)

For further information concerning this matter, please call:

Ahmad ALsallad at (813) 899-9642
(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**


I, Ahmad Alallad, hereby resign as Officer & Director
(Title)

of JALLAD & ASSOCIATES, INC.
(Name of Corporation)

PO1600018868, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Effective Date: 3/31/2005


(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

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