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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	



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Office Use Only

officer Resignation

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ATRAST CORP. (Name of Corporation) DOCUMENT NUMBER: P01000020361
DOCUMENT NUMBER: YU \UUUU ZU 36\
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Maria Louredo (Name of Person)
ATRAST CORP. (Name of Firm/Company)
10736 NW 58 MST. (Address)
Doral FL 33178 (City/State and Zip Code)
For further information concerning this matter, please call:
Maria Louredo at (305) 594 3775 (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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Alejandro Burgana, hereby resign as Treasurer Director	_
of ATRAST CORP. (Name of Corporation)	
POLOGO 2036\ (Document Number, if known) a corporation organized under the laws of the State of	_
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