

PO1000046607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

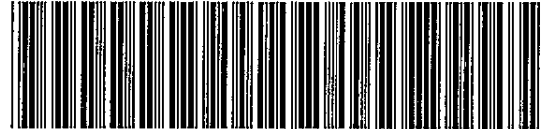
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700041242397

Resignation of officer

09/23/04--01021--021 **35.00

FILED
04 SEP 23 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 SEP 23 AM 10:40
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MR
9/23/04

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Orinoco Enterprises, Inc. PO10000046607
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☒	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

RESIGNATION OF DIRECTOR

September 13th, 2004

The Directors
ORINOCO ENTERPRISES, INC.

FILED
04 SEP 23 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sirs:

Please be advised that I hereby tender my resignation as President/Secretary/Treasurer/Director of **ORINOCO ENTERPRISES, INC.**, effective immediately. I further confirm that I have no claim for loss of office against the company.

Very truly yours,


Mujed Khalil