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(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone i	*)
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TALLANASSEE, FLORID,



TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

OVER THE DEL RISCO EXPRESS, INC.				
SUBJECT: DEL RISCO EXPRESS, INC. (Name of Corporation)				
DOCUMENT NUMBER: P01000119561				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
RICARDO DEL RISCO				
(Name of Person)				
DEL RISCO EXPRESS, INC.				
(Name of Firm/Company)				
6861 WEST 4TH AVENUE APT. # 1				
(Address)				
HIALEAH, FL 33013				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
EVELIO DIAZ at (786) 390-0029 6:00 PM (Name of Person) (Area Code & Daytime Telephone Number)				
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399				

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, RICARDO DEL RISCO	, hereby resign as VICE-PRESIDENT			
of_ DEL RISCO EXPRESS, INC.	Par	1	(Title)	•
(Name of Corpor		nder the laws	of the State of	
FLORIDA				
Second (Signature	of resigning officer/direct	ctor)		
carelo des Risco	i		SECRETARY OF ALL CO.	-
4dll FILING	FEE IS \$35.00	· ·	MID: 34 EE.FLORIDA	444

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: