

P020000036512

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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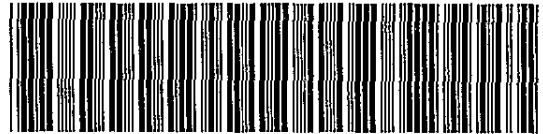
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TALLAHASSEE, FLORIDA

officer Resignation

T BROWN SEP 24 2004.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Deception Check Polygraph & Investigative Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000036512

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

Please return all correspondence concerning this matter to the following:

Nelson Andreu
(Name of Person)

Deception Check Polygraph & Investigative Services, Inc.
(Name of Firm/Company)

P.O. Box 94-1436
(Address)

Miami, Florida 33194
(City/State and Zip Code)

For further information concerning this matter, please call:

Nelson Andreu at (305) 541-7659
(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
04 SEP 17 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Maria Andreu, hereby resign as Vice President
(Title)

of Deception Check Polygraph ^{and} Investigative Services, Inc.,
(Name of Corporation)

P02000036512, a corporation organized under the laws of the State of
(Document Number, if known)

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