

PO2000037342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

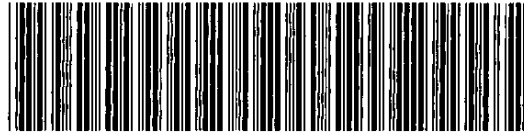
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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As 11/26/07
O/Dle

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GAP FINANCIAL CORP
(Name of Corporation)

DOCUMENT NUMBER: P02000037342

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

Please return all correspondence concerning this matter to the following:

GERARDO ARGUELLO
(Name of Person)

GAP FINANCIAL CORP
(Name of Firm/Company)

950 N KROME AVE STE 408
(Address)

HOMESTEAD FL 33030
(City/State and Zip Code)

For further information concerning this matter, please call:

GERARDO ARGUELLO at (786) 243-9797
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2007 NOV 19 AM 9:40

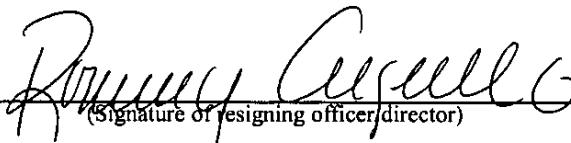
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ROMY ARGUELLO, hereby resign as TREASURER
(Title)

of GAP FINANCIAL CORP
(Name of Corporation)

P02000037342, 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