

P02000048321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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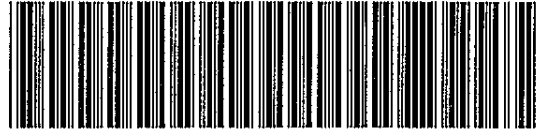
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRACAL, INC  
(Name of Corporation)

7/26/03

**DOCUMENT NUMBER:** P020000048321

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

Please return all correspondence concerning this matter to the following:

ARMANDO DACAL  
(Name of Person)

TRACAL  
(Name of Firm/Company)

2296 SW 182 WAY  
(Address)

MIRAMAR, FL 33029  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARMANDO DACAL at (954) 3890530  
(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**

I, ARMANDO DACAL, hereby resign as Director  
(Title)

of Tracal, Inc.  
(Name of Corporation)

P02000048321 a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

03 JUL 28 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**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