(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>϶#</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only



700023025307

09/22/03--01049--010 **35.00

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NATURAL PRODUCTS EXPRESS, CORP
(Name of Corporation)
DOCUMENT NUMBER: P02000053056
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAIRO GARCIA
(Name of Person)
NATURAL PRODUCTS EXPRESS, CORP
(Name of Firm/Company)
5042 NW 114CT
(Address)
MIAMI FL 33178
· (City/State and Zip Code)
For further information concerning this matter, please call:
JAIRO GARCIA at (305) 4708021 (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

03 SEP 22 PM 3: 36

GRECO GARRIDO	, hereby resign as_	VP	
/ 		(Title)	* =
of NATURAL PRODUCTS EXPI	RESS CORP		
	e of Corporation)	· · · · · · · · · · · · · · · · · · ·	- Caramira
P02000053056 (Document Number, if known)	, a corporation organized un	der the laws of the State of	
FLORIDA			· « · M ash
9			4.1
	Signature of resigning officer/direc	tor)	

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