

PD2000094960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

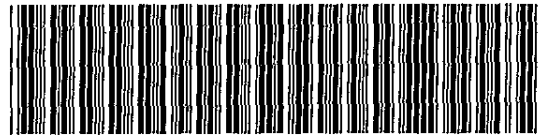
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### TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: JOFE DISTRIBUTOR CORP.  
(Name of Corporation)

DOCUMENT NUMBER: P02000094960

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

Please return all correspondence concerning this matter to the following:

LUIS DE LA CERDA  
(Name of Person)

JOFE DISTRIBUTOR CORP  
(Name of Firm/Company)

7429 CORKWOOD TER.  
(Address)

TAMARAC FL. 333 21  
(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS DE LA CERDA at ( 954 ) 478 8313  
(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, OSVALDO SALVATORE, hereby resign as PRESIDENT / TREASURER  
(Title)

of JOFE DISTRIBUTOR, CORP.  
(Name of Corporation)

P02000094960, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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**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