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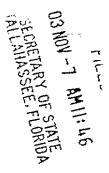
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(200411011111001)				
Certified Copies Certificates of Status				
Chagial Instructions to Eiling Officer				
Special Instructions to Filing Officer. Rosie — gaule Permussion to correct Brians had name. HM1/13/03				
Brians hast name				
Am 11/3/03				

Office Use Only



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0/D Resign.

DM 11/13/03

TRANSMITTAL LETTER

Division of Corporations				
SUBJECT: DORM CITY REACTY COLF (Name of Corporation)				
DOCUMENT NUMBER:				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
BliAN CONTIFELLI (Name of Person)				
(Name of Person)				
(Name of Firm/Company)				
4454 NW 74 AVE (Address)				
MitMi FL 33166 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Brim Lowiffli at 305 U6.1731 (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				

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Brian Contipelli	, hereby resign as_	President and Director (Title)
			(1)
of_	Doral City Realty, Inc.		· · · · · · · · · · · · · · · · · · ·
	(Name	of Corporation)	
	77. 00 33 828 a corporation organized under (Document Number, if known)		der the laws of the State of
	(2 2	}	
	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