

PD3000009694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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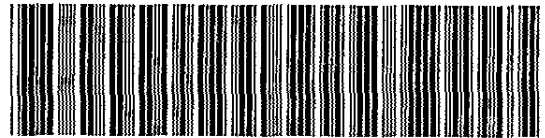
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 0907

C. Ocullette NOV 18 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALLOPREPAID, Inc.
(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:

Abdessamad Hajjouchi
(Name of Person)

Alloprepaid Inc.
(Name of Firm/Company)

4980 Eaglesmere Dr. # 1033
(Address)

ORLANDO, FL, 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

Abdessamad Hajjouchi at (407) 383-1226
(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

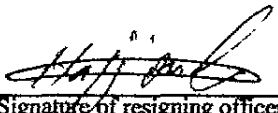
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Abdessamad Hajjouchi, hereby resign as President
(Title)

of Allspring, Inc.
(Name of Corporation)

_____, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 14, PM 10:40

FILED

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314