

PD3000021987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

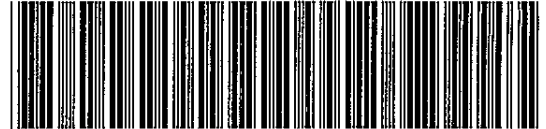
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUAMOX CORPORATION

(Name of Corporation)

DOCUMENT NUMBER: PO3000021987

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

Please return all correspondence concerning this matter to the following:

DANIEL IZQUIERDO

(Name of Person)

SUAMOX CORPORATION

(Name of Firm/Company)

2619 SW 22ND PLACE

(Address)

CAPE CORAL FL 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL IZQUIERDO at (239) 225-1222

(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

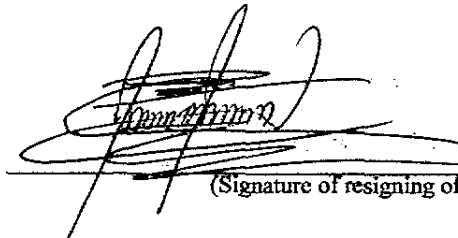
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALBEIRO CARPINTERO, hereby resign as OFFICER
(Title)

of SUAMOX CORPORATION
(Name of Corporation)

PO3000021987, 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

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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