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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

pucon in. SUBJECT: (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: Waldo Flores (Name of Person) Pucon Inc (Name of Firm/Company) 4320 West Broward Blvd Suite # 5 (Address) Plantation FI 33317 (City/State and Zip Code) For further information concerning this matter, please call: Waldo Flores (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION 2007 AUG 16 AM 11: 27

I.	Maria Pia Flores		. hereby resign as	Vice President	
/ <del>-</del>			<u>_</u> ,,,	(Title)	
of	Pucon Inc.				
۷٠.		Name of Corporat	tion)		
	(Document Number, if known)	, a corpo	oration organized u	nder the laws of the State of	
FI	lorida				
-		<del></del>			
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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