Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: SERFATY & GARCIA, P.A.

Account Number : 120060000161

Fax Number

: (954)894-9449 : (305) 722-9555

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT RESIGNATION INCA-AZTEC INVESTMENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

MAR 18 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: INCA-AZTEC INVESTMENTS, INC.	
(Name of Corporation)	•
DOCUMENT NUMBER: P03000048061	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for i	îling.
Please return all correspondence concerning this matter to the following:	
Barbara Garcia	
(Name of Person)	
Serfaty & Garcia, P.A.	
(Name of Firm/Company)	,
4770 Blscayne Boulevard / Suite 1430	
(Address)	1
Miamí, Florida 33137	· (-2)-
(City/State and Zip Code)	i.ea.
For further information concerning this matter, please call:	
Belina Soriano at (305) 722-8555 (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, _	Maria E. Orrego	
	(Name of Registered Agent)	
hereby resigns as Registered Agent f	for INCA-AZTEC INVESTMENTS, INC.	
A STATE OF THE STA	(Name of Corporation)	
P03000048061		
(Document Number, if known)		
A copy of this resignation was maile	ed to the above listed corporation at its last known address.	
The agency is terminated and the off this statement is filed.	ios discontinued on the 31st day after the date on which	
	(Signature of Kosigning Agent)	
If signing on behalf of an entity:		
	(Typed or Printed Name)	
4	2	

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Hox 6327 Tallabasec, PL 32314