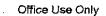
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(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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0/0 Resign.
Mm 1/22/04

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: A J International Extensions Inc (Name of Corporation) DOCUMENT NUMBER: PO 3060 0 5-173
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALEY Kaur Any (Name of Person)
A & J Int'L ENT. INC. (Name of Firm/Company)
P.O.Box 990 (Address)
LotAhachee FC 33470 (City/State and Zip Code)
For further information concerning this matter, please call:
Toseph Schravone at (561) 373-8856 (Name of Person) at (561) 373-8856 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State

Efficiosed is a check for \$55.00 made payable to the Plottua 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

A Marie Control

I, Jin	KaUIANY	<u> </u>	_, hereby res	ign as V. /	nes.	(Title)	+		,
of A 2	J INT	terna ne of Corporat	HONAL ion)	Enter	PRISES	, I	-iC	,	
(Document Nu	00 5/73 imber, if known)	, a corpo	ration organi	zed under the	e laws of t	he State	of		
FLOR.	IDA		• , , · or	∵ 1					. •
	<u> </u>	(Signature of	resigning offic	cr/director)	<u>-</u> -		SI CRETARY OF STATE	04 JAN 16 AH 11: 32	FILED

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