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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLA INDUSTRIES, 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:

CLAUDIA H ANTONUCCI
(Name of Person)

(Name of Firm/Company)

230 SOUTH DIXIE HIGHWAY, SUITE 202
(Address)

LAKE WORTH, FL 33460
(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIA ANTONUCCI at (561) 540-5358
(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**

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I, CLAUDIA H ANTONUCCI, hereby resign as PRESIDENT.

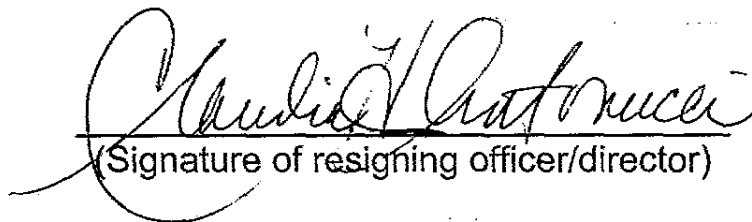
DIRECTOR AND/OR ANY TYPE OF EMPLOYEE of ,

CLA INDUSTRIES, INC. FEI Number 050574437
(Name of Corporation)

AS OF FEBRUARY 15TH 2005.

_____, a corporation organized under the laws of the
(Document Number, if known)

State of 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