EZRINE/POGUNTKE 5423 N. BAY RD MIAMI BEACH, FL. 33,40 (Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
,					

Office Use Only



300028751903

02/16/04--01036--015 **35.00

OFFICER / DIRECTOR RESIGNATION

I , _	ELIZABETH EZr	RINE	, hereby resign as	DIRECTOR, ETC (Title)
of	ER CORPOR	ATE ADU	(ISORS, INC.	
a cor	poration organized under the	laws of the Stat	e of FLORID	A
and a	affirm that the corporation ha	s been notified i	n writing of the resigna	tion.
	alizal	Ild Gy	of resigning officer/direct	or)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314