(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	rtified Copies Certificates of Status				
Special Instructions to	Filing Officer:				



800042515288

11/15/04--01036--008 **35.00

Oth MOV 15 AMII: 12

Office Use Only

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: National Estructure, Inc. (Name of Corporation)
DOCUMENT NUMBER: 10300080292
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Anc. Am. Clor (Name of Person)
Natronal Estructure Inc. (Name of Firm/Company)
5460 N.W. 174 th Dr. (Address)
Opa Locka F1. 33055 (City/State and Zip Code)
For further information concerning this matter, please call:
Anc. Ames of Person) at (786) 586-0943 (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

1, Gustavo Lozano	, hereby resign as	Vice	Presic/e.	2. <u>†</u>	
of National Estru	Aure Inc. ne of Corporation)				_,
PO3 00 00 802 92 (Document Number, if known)	, a corporation organized un	nder the lav	vs of the State	of	
Florida	·		ALLA	014 NOV 15	* * * *
	\cap \cap \cap		HASSEE,		
	Markey		FLORID	AMII: 12	
	(Signature of resigning officer/direc	tor)	A		

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