P03000112881

(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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06/20/05--01044--005 **35.00

OS JUN 20 AM II: 07
SEL RETAINY OF STATE
TAIL AHASSEE, FLORIDA

If off

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	VECT: MOVIDA CONSTRUCTION, INC. (Name of Corporation)
	B0000440004
DOC	UMENT NUMBER: P03000112881
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
ALL	ISON DE LAROSIERE
	(Name of Person)
MOV	/IDA CONSTRUCTION, INC.
	(Name of Firm/Company)
137	5 GATEWAY BLVD., SUITE 43
	(Address)
BOY	NTON BEACH, FL 33426
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
ALLI	SON DE LAROSIERE 31 561 536-0573
	SON DE LAROSIERE at (561) 536-0573 (Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi P.O. E	Address: dment Section On of Corporations Ox 6327 Assee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, VINCENT SORENA	hereby resign as SECRETARY	
<u> </u>	(Title)	7-
of_ MOVIDA CONSTRUCTIO		
	Name of Corporation)	
P03000112881 (Document Number, if known)	a corporation organized under the laws of the State of	-
FLORIDA	OS JUN 20 AM II:	TILED
	(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