P03000130259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALBOPORB, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000130259

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

UNIDAD BONDAN
(Name of Person)

ALBOPORB, INC.
(Name of Firm/Company)

18012 CHAMILLE DRIVE
(Address)

LUTZ, FL 33558
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIUS-VINCENT REYES at (813) 843-2654
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RAYNALD S. BONDAN, hereby resign as OFFICER & DIRECTOR
(Title)

of ALBOPORB, INC.
(Name of Corporation)

P03000130259
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA.

11/10/09
(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