

PO3000132422

(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:

Office Use Only



600055801096

06/07/05--01019--005 **35.00

FILED
05 JUN -7 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Caridad Management, Inc
(Name of Corporation)

DOCUMENT NUMBER: P03000132422

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

Please return all correspondence concerning this matter to the following:

Harry M Samuels, Registered Agent
(Name of Person)

(Name of Firm/Company)

3143 Arbor Lane
(Address)

Hollywood, FL 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

Harry M Samuels at (954) 966-1350
(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

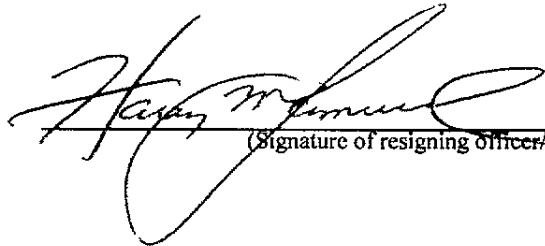
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Harry M Samuels, hereby resign as Director
(Title)

of Caridad Management, Inc.
(Name of Corporation)

P03000132422, a corporation organized under the laws of the State of
(Document Number, if known)
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN -7 PM 2:41

FILED