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Amendment Section Division of Corporations

TO:

SUBJECT: Juan Carlos Contreras INC (Name of Corporation)
DOCUMENT NUMBER: P0300134628
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:
Mike Mendez (Name of Person)
(Name of Person)
(Name of Firm/Company)
PO Box 4036 DeLand, FL 32721-0436
(Address)
DeLand, FL 32721-0436
(City/State and Zip Code)
For further information concerning this matter, please call:
Mike Mendez at (386) 216-3220
(Name of Person) (Area Code & Daytime Telephone Number)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ے	Salvador C	ontrevas	, hereby re	esign as <u>//</u>	ce Presid	ent	
f _	Juan	Carlos	Contr Name of Corp	cras	INC	,	
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	(Document N	<i>4628</i> Jumber, if known		ation organize	ed under the laws	of the State of	•
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Make checks payable to Florida Department of State and mail to:
Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314