P03000147357

(Re	equestor's Name)	
(Ac	ldress)	
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(Ac	ldress)	
/C	ty/State/Zip/Phone	- #D
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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OffResign T. Lewis

08/03/05--01011--001 **35.00

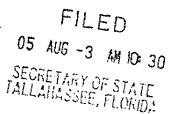
FILED

SECRETARY OF STATE

TRANSMITTAL LETTER

	Amendment Section Division of Corporations
SUBJE	CCT: MNJ MEDICAL EQUIPMENT, INC.
	(Name of Corporation)
DOCU	MENT NUMBER: P03000147357
The end	closed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please r	return all correspondence concerning this matter to the following:
ELYS	ABET MONTANEZ
	(Name of Person)
TAXE	DEFENSE CENTER
	(Name of Firm/Company)
2350 \	W 84TH STREET #18
	(Address)
HIALE	EAH, FL 33016
	(City/State and Zip Code)
For furt	her information concerning this matter, please call:
ELYSA	ABET MONTANEZ at (305) 825-2500
	ABET MONTANEZ at (305) 825-2500 (Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for \$35.00 made payable to the Florida Department of State.
Amendr Division P.O. Bo	Street Address: ment Section n of Corporations ox 6327 ssee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



MIRIAM NUNEZ	hereby resign as PRESIDENT	
	(Title)	
of MNJ MEDICAL EQUIPMEN		
(Nar	ne of Corporation)	
P03000147357 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA	<u></u>	
Me	B.	
	(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