## P03000/53235

•						
(Re	equestor's Name)					
(Ad	ldress)					
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
·						
PICK-UP	WAIT	MAIL				
- (Ri	isiness Entity Nan	ne)				
(60	ISINESS CILILY NAII	nej				
(Do	ocument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					





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M/Rin Reign





## **COVER LETTER**

TO:	Amendment Section Division of Corporations	1				
SUB.	JECT:	PU	RON	CIGARS,	INC.	
50 <b>D</b> .	720 t	<del></del>	(Nar	ne of Corpora	ation)	
DOC	UMENT NUMBER:		P03000153235			
The e	enclosed Officer/Director R	esignation :	for a	Corporation	and fee are submitted for filing	
Pleas	e return all correspondence	concerning	g this	matter to th	e following:	
	GLORELYS	FUENTES	3			
-	(Name of I	Person)				
	(Name of Firm	/Company)				
	12251 SW 39 T					
	(Addre	ss)				
	MIAMI, FLORIE	DA 33175				
	(City/State and	Zip Code)		·		
For fi	urther information concerni	ng this mat	ter, p	lease call:		
	GLORELYS FUENT	ES	at (	305	244-0482 & Daytime Telephone Number)	
	(Name of Person)			(Area Code	& Daytime Telephone Number)	
Enclo	osed is a check for \$35.00 n	nade payabl	le to	the Florida I	Department of State.	
Amer Divis Clifto 2661	t Address: Indiment Section Identification of Corporations In Building Executive Center Circle Inassee, FL 32301	Divisi Post C	on of Office	ddress: nt Section f Corporation Box 6327 e, FL 32314	as	

CR2E044(08/05) -

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



	OLIVIA PEREZ DE COR	СНО	_, hereby resign as_	VICE-PRESIDENT
				(Title)
-	PURON (	·		
	(Name	of Corporat	ion)	
	P0300015323 <b>5</b> (Document Number, if known)	_, a corpo	oration organized und	der the laws of the State of
	FLORIDA	•		
	9	ne.	resigning officer/direct	

## 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