P04000013050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

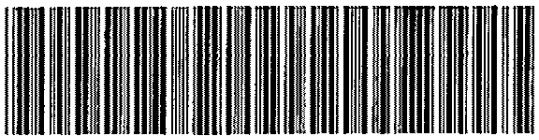
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Resignation of Officer

06/04/04--01022--010 **70.00

FILED
04 JUN -4 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR
6/14/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOLIVIAN PRODUCT CORP
(Name of Corporation)

DOCUMENT NUMBER: P04000013050

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

Please return all correspondence concerning this matter to the following:

GALYA SANTA CRUZ
(Name of Person)

BOLIVIAN PRODUCT CORP
(Name of Firm/Company)

1190 RESERVE WAY #206
(Address)

NAPLES FL 34105
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIO BROWN at (239) 261-3469
(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

CR2P04-R(1/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
04 JUN -4 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, GALYA SANTA CRUZ, hereby resign as VP (Title)

of BOLIVIAN PRODUCT, CORP (Name of Corporation)

P04000013050 (Document Number, if known), a corporation organized under the laws of the State of 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