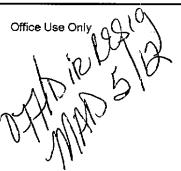
P04000024027

(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:					





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CRAFTMAN CONNECTIONS, INC. (Name of Corporation)
DOCUMENT NUMBER: <i>P04000024027</i>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EMIZÍQUE PENA. (Name of Person)
CRAFTMAN CONNECTIONS, INC. (Name of Firm/Company)
3843 VIRGA BLVD. (Address)
SARASOTA FL. 34233 (City/State and Zip Code)
For further information concerning this matter, please call:
CESAL E. CORLEDOR at (941) 266-3731 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	ENRIQUE PENA, hereby resign as SECRETA	ry/Tre	ي کيد	IRER
of_	CRAFTMAN COMMECTIONS, INC. (Name of Corporation)		,	
P	O400024027 a corporation organized under the laws of the (Document Number, if known)	he State of		
	FLORIDA.			-
	(Signature of resigning officer/director)	TALLAHASSEE, FLO	04 MAY -7 PM 5:	TO

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