

P04000026200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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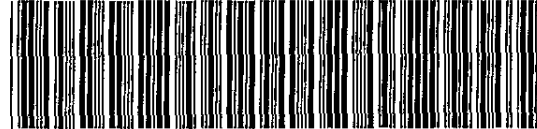
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABILITY SOLUTIONS & SERVICES CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P04000026200

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

Please return all correspondence concerning this matter to the following:

FABIO L. BRITO PALVESI
(Name of Person)

ABILITY SOLUTIONS & SERVICES CORPORATION
(Name of Firm/Company)

5345 ELM CT.

(Address)

ORLANDO, FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

FABIO A. OLIVEIRA

(Name of Person)

at (407) 908-2456

(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

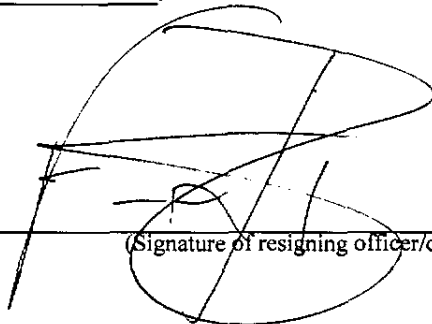
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FABIO L. BRITO PALLESi, hereby resign as V. P.
(Title)

of ABILITY SOLUTIONS + SERVICES CORP.
(Name of Corporation)

P04000026200, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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