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SECRETARY OF STATE
DIVISION OF CORPORATION

Ps 8/1/07

COVER LETTER

TO: Amendmen Division of	t Section Corporations
SUBJECT: Gonz	zalez & Alvarez, P.A.
	(Name of Corporation)
DOCUMENT NU	MBER: P04000038443
The enclosed Offic	er/Director Resignation for a Corporation and fee are submitted for filing
Please return all co	rrespondence concerning this matter to the following:
Silvia M. Gonzal	ez, Esq.
	(Name of Person)
Gonzalez & Alva	ırez, P.A.
(Name of Firm/Company)
6500 Cow Pen F	Road, Suite 303
	(Address)
Miami Lakes, Flo	orida 33014
	City/State and Zip Code)
For further informa	tion concerning this matter, please call:
Silvia M. Gonzale	ez, Esq. at (305) 968-4726
(Na	at (305) 968-4726 me of Person) at (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 Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions Division of Corporations Post Office Box 6327 Iter Circle Tallahassee, FL 32314

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION 24 AM II: 35

I, Manuel Alvarez	, hereby resign as Director		
	,,,,,	(Title)	
of Gonzalez & Alvarez, P.A.			
	nme of Corporation)	•	
P04000038443	, a corporation organized under the laws of the State of		
(Document Number, if known)			
Florida	•		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314