P04000039587

(Requestor's Name)		
(Address)		
(Addre	ss)	
(City/S	tate/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Docur	nent Number))
Certified Coples	Certificate	s of Status
Special Instructions to Filing Officer:		

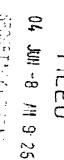




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TRANSMITTAL LETTER

SUBJECT: OCEANFRONT LEASE CORP.

(Name of Corporation)

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

DMITRIY FAYBYSHENKO
(Name of Person)

Occumpany Lease Corporation
(Name of Firm/Company)

6987 CHARCOTTE CT.

(Address)

MARCATE FL 33063
(Crty/State and Zip Code)

For further information concerning this matter, please call:

ALEXEI VOYCHINSKY at (786) 663-8685 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

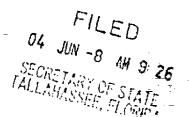
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, ALEXE! VOYCHINSKY, hereby resign as PRESIDENT

(Title)

of OCEANFRONT LEASE CORP.

(Name of Corporation)

204000039587 , a corporation organized under the laws of the State of

FLORIDA

(S) lature 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