

PO4000043469

Florida Department of State
 Division of Corporations
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 FLORIDA
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Division of Corporations
 Fax Number : (850) 617-6380

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.
 Account Number : I20070000037
 Phone : (954) 752-4553
 Fax Number : (954) 752-4522

SECRETARY OF STATE
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

NEMECEK INC

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEMECEK INC
(Name of Corporation)

DOCUMENT NUMBER: P04000043469

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

Please return all correspondence concerning this matter to the following:

PAULO OLIVEIRA

(Name of Person)

EAGLE TAX REPRESENTATION, CORP

(Name of Firm/Company)

4641 N STATE ROAD 7 STE 18

(Address)

COCONUT CREEK, FL - 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

Paulo Oliveira, E.A.

(Name of Person)

at (954) 752-4553

(Area Code & Daytime Telephone Number)

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

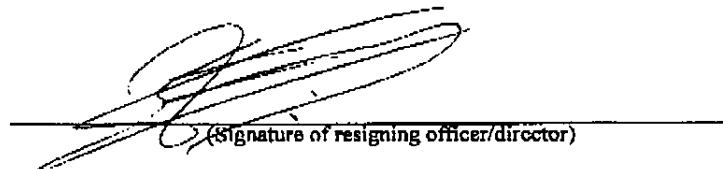
Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARCOS NEMECEK, hereby resign as Vice President Director
(Title)
of NEMECEK INC
(Name of Corporation)
P04000043469, a corporation organized under the laws of the State of FLORIDA
(Document Number, if known)

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TALLAHASSEE, 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