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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: JUCASTZE SECURITY INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: 104 0000 75132
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
EDMUNDO CASTILLO (Name of Person)
J. CASTLE Saurity Inc. (Name of Firm/Company)
5730 SW 60 th STREET
MiAmi Fc 33/43 (City/State and Zip Code)
For further information concerning this matter, please call:
EMUNDO (ASTILLU at (305) 305-9556. (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 Julian L. Alfonso 5550 SW 4th Street Miami Fl 33134 Tel: 786-306-8285

July 28th, 2004

Mr. Edmundo Castillo President J. Castle Security Inc. 5730 SW 60th Street Miami Fl 33143

Dear Edmundo:

Please accept my resignation as Vice-President of J. Castle Security, Inc., the Corporation and J. Castle Security, Inc., The Security Agency.

Please accept this resignation effective today.

Julian L. Alfonso

J. CASTLE SECURITY, INC.

The undersigned, being the sole Director hereby adopts the following resolutions:

 That Julian L. Alfonso has resigned as Vice-President of J. Castle Security, Inc., the Corporation, and as Vice-President of J. Castle, Inc., The Security Agency and his resignation is accepted.

This resolution is adopted today July 28th, 2004 by Edmundo Castillo, President and sole officer of the Corporation and Security Agency.

Dated: 7/28/05

Edmundo Castillo President/Treasurer/Secretary

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, VILIAN L. ALFONSO, hereby resign as VICE RESIDENT

OF T. CASTLE SECURITY, INC.

(Name of Corporation)

Potocoo 75/32, a corporation organized under the laws of the State of

(Document Number, if known)

Flo LiDA

(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