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COVER LETTER

Division of Corporations
SUBJECT: Solutions, INC. (Name of Corporation)
DOCUMENT NUMBER: PO 40000 778//
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
M. GUEL VA (Name of Person)
(Name of Firm/Company)
10200 W. St. Rd 84 - Fuit 219 (Address)
DWIE-FLORISA - 33724 (City/State and Zip Code)
For further information concerning this matter, please call:
MIGGEL WA at (954) 3250185 (Name of Person) (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

TO: Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DAVID VA hereby resign as_	PRESIDENT (Title)
of Slobal TIMESUARE (Name of Corporation)	Solutions INC
PO 4000778//, a corporation organized under (Document Number, if known)	the laws of the State of
CORT-DA	
(Signature of resigning officer/director)	05 DEC -8 THE D

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