

PD4000078371

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CENTRAL POLISH CORP.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000078371  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

AJUVITA ABEL - (President)

\_\_\_\_\_  
(Name of Person)

CENTRAL POLISH CORP.

\_\_\_\_\_  
(Name of Firm/Company)

2311 LILY PAD LANE

\_\_\_\_\_  
(Address)

KISSIMMEE - FLORIDA - 34743

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

AJUVITA ABEL

\_\_\_\_\_  
(Name of Person)

at ( 786 ) 663-5713

\_\_\_\_\_  
(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, EVELYN BUSTAMANTE, hereby resign as PRESIDENT  
(Title)

of CENTRAL POLISH CORP.  
(Name of Corporation)

P040078371 a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 AUG 27 PM 12:30

**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