POU00032043

(Requestor's Name)	_		
(Address)			
(Address)	_		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	_		
(Document Number)	_		
Certified Copies Certificates of Status	_		
Special Instructions to Filing Officer;			
	!		

Office Use Only



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07/19/05--01007--008 **35.00

05 JUL 19 PN 1:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

QC

i. Smith

JUL 2 0 2005

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		
SUBJECT:	CLOVER INVESTMENT		
DOCUMEN	P04000082043		
	ed Officer/Director Registration	for a Corporation and fee are submitted for filing.	
ILCE, GOM	EZ	···	
	(Name of Person)	
CLOVER IN	IVESTMENT GROUP, INC.		
	(Name of Firm/Comp	any)	
16 7 SW GRO	VE AVENUE		
	(address)		
PORT ST. I	LUCIE FL.34983		
	(City/ State and Zip Co	ode)	
For Further i	nformation concerning this matter,	please call:	
ILCE, GON	ÆZ	772-2249372/ 772-2249371	
		at(Area Code & Daytime Telephone Number)	
(1)	Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a	a check for \$35.00 made payable to	the Florida Department of State.	
Mailing Add	ress:	- Street Address:	
Amendment		Ammendment Section	
Division of		Division of Corporations	
P.O Box 632	7	409 E. Gaines Street	
Tallahassee, Fl 32314 Tallahassee, Fl 32399			

OFFICER/ DIRECTOR RESIGNATION FOR A CORPORATION

FASTALL INC.	DIRECTOR
	, hereby resign as
	(Title)
CLOVER INSVEST	MENTS GROUP, INC.
(N	ame of Corporation)
P04000082043	
	, a corporation organized under the laws
(Document Number, if known)	
Of the State of FLORIDA	÷-
	SEGRETARY OF STATE SEGRETARY OF STATE (Signature of resigning officer/ director) (Signature of resigning officer/ director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of the Sstate and mail to:

Amendment Section
Division of corporations
P.O..Box 6327
Tallahassee, Florida 32314