## · P 0.4000091466

(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:		
L		

Office Use Only



800057459818

07/18/05--01049--022 \*\*210.00

AND SECRETARY OF STATE
SECRETARY

C. Coullisite JUL 2 0 2005

## TRANSMITTAL LETTER

THE GRAHAM MANAGEMENT GROUP, INC. (Name of Corporation) P04000091466 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SANFORD COHEN (Name of Person) THE GRAHAM MANAGEMENT GROUP, INC. (Name of Firm/Company) 10850 SW 113th PLACE, SUITE 220 (Address) MIAMI, FL 33176 (City/State and Zip Code) For further information concerning this matter, please call: SANFORD COHEN (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Amendment Section Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, BURTON O'DONALD	, hereby resign as DIRECTOR	
~ <u> </u>		(Title)
of THE GRAHAM MANAGEMEN		
(Name	of Corporation)	
P04000091466 (Document Number, if known)	_, a corporation organized under the law	s of the State of
FLORIDA	_•	<b>\$</b> 70
X /8-	ignature of resigning officer/director)	FILED  05 JUL 18 PM 1: 55  EGRETARY OF STATE  AND ASSFE, FLORID!

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