

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

Account Name : FAGLE TAX REPRESENTATION, CORP.

Account Number : 120070000037

Phone : (954)752-4553 Fax Number : (954)752-4522

COR AMND/RESTATE/CORRECT OR O/D RESIGN

ANA REIS E & R CORP.

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TO: Amendment Section



COVER LETTER

Division of Corporations
SUBJECT: ANA REIS E & R CORP.
(Name of Corporation)
DOCUMENT NUMBER: P04000094742
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Paulo Oliveira, E.A.
(Name of Person)
EAGLE TAX REPRESENTATION, CORP
(Name of Firm/Company)
4641 N STATE ROAD 7 STE 18
(Address)
COCONUT CREEK, FL - 33073
(City/State and Zip Code)
For further information concerning this matter, please call:
Paulo Oliveira, E.A. (Name of Person) at (954) 752-4553 (Area Code & Daytime Telephone Number)
(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 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I.} SHAKER A CHADA	, hereby resign as DIRECTOR
.,	(Title)
of ANA REIS E & R CORP.	
	me of Corporation)
P04000094742	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations

Tallahassee, Florida 32314