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(((H05000191215 3)))

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : SANTOS RIVERA Account Number : I20000000169 Phone : (407)380-5353 Fax Number : (407)380-7353

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### **BASIC AMENDMENT**

#### ICA ABSOLUTE DRYWALL CORPORATION

Certificate of Status	0
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8/10/2005

# (H050001912153)

### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RESIGNATION OF OFFICER AND DIRECTOR (Name of Corporation)
DOCUMENT NUMBER: P04000112715
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MARIA ARGENTINA OTTATI
(Name of Person)
ICA ABSOLUTE DRYWALL CORPORATION
(Name of Firm/Company)
7463 WAYLAND BLVD.
(Address)
ORLANDO, FL 32807
(City/State and Zip Code)
For further information concerning this matter, please call:
MARIA ARGENTINA OTTATI  (Name of Person)  at (407 ) 673-1447  (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.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

(HO5000 191215 3)

CR2E044(11/02)

(H05000 191215 3)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Carlos Rivera	, hereby resign as_	Secretary and Director		
· · · · · · · · · · · · · · · · · · ·		(Title		
E ICA ABSOLUTE DRYWALL C	ORPORATION		,	
(Name	ef Corporation)			
P04000112715 (Document Number, if known)	a corporation organized un	der the laws of the S	tate of	
FLORIDA	_,			
		<del></del>	TASE OF	
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	Signature of resigning officer/direct	tor	SE P	
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#### 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

(H 05000 19/2153)