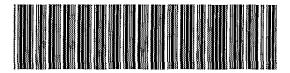
## P04000119994

(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

OD 120.00



100081860241

11/17/06--01027--021 \*\*35.00

DIVISION 17 PH 12: 04

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: TRIUMPH RESOURCES, INC. (Name of Corporation)
DOCUMENT NUMBER: PO 4000   19994
·
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
KARYL KOWLESSAR (Name of Person)
TRIUMPH RESOURCES, INC. (Name of Firm/Company)
3440 NE 192 ST. # A10 (Address)
AVENTURA FLORIDA 33180 (City/State and Zip Code)
For further information concerning this matter, please call:
KARYL KOWLESSAR at (305) 491-6700 (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

L	ASTRID	KOWLESSAR	_ hereby resign as	VICE - PRES	SIDENT/SECRETAR
				(Title	<del>&gt;)</del>
of	TRIUMPH	RESOURCES		Front de la contraction de la	*
<u> </u>	400011999 (Document Number, is	, a oorpo	ration organized ur	der the laws of the S	State of
	FLORIDA				··
		1			
		(Signature of	resigning officer/direct	tor)	

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