

PO4000160587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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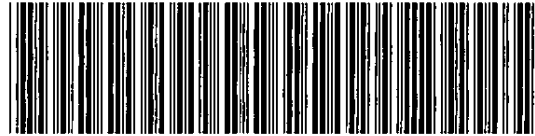
(Business Entity Name)

(Document Number)

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IS
05/15/08
DO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE SLABMAX GRANITE & MARBLE DISTRIBUTORS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P04000160587

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOAO CARVALHO-SILVA

(Name of Person)

(Name of Firm/Company)

6000 NW 84 Avenue

(Address)

Miami, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

JOAO CARVALHO-SILVA

(Name of Person)

at (786) 295-9826

(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, ROSARIO J. CARVALHO-SILVA, hereby resign as PRESIDENT
(Title)

of THE SLABMAX GRANITE & MARBLE DISTRIBUTORS, INC.,
(Name of Corporation)

P04000160587, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.

Rosario Carvalho Silva
(Signature of resigning officer/director)

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA