P05000007735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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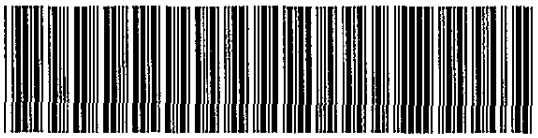

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05/31/05--01021--019 **35.00

FILED
05 MAY 31 PM 3:46

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ATTRYX CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P05000007735

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

Please return all correspondence concerning this matter to the following:

ARLEY SANTINI DOS SANTOS
(Name of Person)

ATTRYX CORPORATION
(Name of Firm/Company)

4730 SW 62 WAY APT 302-4
(Address)

DAVIE , FL 33314
(City/State and Zip Code)

For further information concerning this matter, please call:

ARLEY SANTINI DOS SANTOS at (954) 383-4161
(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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
05 MAY 31 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ARLEY SANTINI DOS SANTOS, hereby resign as DIRECTOR
(Title)

of ATTRYX CORPORATION
(Name of Corporation),

P05000007735
(Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

(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