

P05000017434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

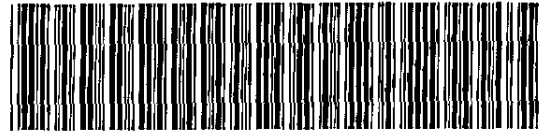
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100055801871

06/20/05--01046--024 **35.00

FILED
05 JUN 20 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off/direct
resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CREDIT MASTERS OF AMERICA, INC.
(Name of Corporation)

DOCUMENT NUMBER: POS000017434

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

Please return all correspondence concerning this matter to the following:

ROBERTO CRUZVAL
(Name of Person)

CREDIT MASTERS OF AMERICA, INC.
(Name of Firm/Company)

2460 S.W. 137TH AVENUE SUITE #254
(Address)

MIAMI, FLORIDA. 33175
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERTO CRUZVAL at (786) 299-1413
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIA E. PEÑA, hereby resign as PRESIDENT
(Title)

of CREDIT MASTERS OF AMERICA, INC.
(Name of Corporation)

P05000017434, a corporation organized under the laws of the State
(Document Number, if known)

FLORIDA

FILED
05 JUN 20 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, 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