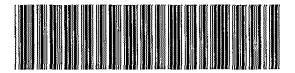
P05000018159

(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



200110788782

Off lesign

10/18/07--01033--014 **35.00

TILEU 2007 OCT 18 AM 11:41 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MICNIEN Corporation. (Name of Corporation) DOCUMENT NUMBER: P05000 18159
DOCUMENT NUMBER: 7 0 3 0 0 0 [8 15]
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Brian Williams (Name of Person)
MICrojen Corporation (Name of Firm/Company)
18978 NE YH CF (Address)
North Migmi Beach, Fl 33179 (City/State and Zip Code)
For further information concerning this matter, please call:
Brigh Williams at (800 825-2454 (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

			F. Co.	Preside	ut.
I. Josey	Seide	, hereby	resign as	(Title)	
of	MICROJEH	of Corporation)	ration	· · · · · · · · · · · · · · · · · · ·	
0. (of Corporation)			
POS 0000/	8/59	, a corporation org	ganized under the la	iws of the State o	ſ
(Document N	lumber, if known)	-			
Florida		<u> </u>	yada. · · ·	TALLA	R. T.
				AASSEE.	
		Signature for 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