

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : JAMES ACCOUNTING & TAX PRACTICE, INC.

Account Number: 12000000159 Phone

: (305)595-2886

Fax Number j

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AMND/RESTATE/CORRECT OR O/D RESIGN

FLEXALON CORP.

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JAMES ACCOUNTING

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COVER LETTER

Division of Corporations	•
SUBJECT: FLEXALON COR	
•	(Name of Corporation)
DOCUMENT NUMBER: PO	05000028213
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
VERNA JAMES	
(Name of P	erson)
JAMES ACCOUNTING & TA	X PRACTICE
(Name of Firm/	Company)
10749 SW 104TH STREET	
(Addres	ss)
MIAMI, FL 33176	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
VERNA JAMES	at (305) 595-2886
(Name of Person)	at (305) 595-2886 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

CR2E044(08/05)

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, ANTONIO AVILA	hereby resign as DPT	
	(Tide)	
of FLEXALON CORP.	:	
(Nzo	ne of Corporation)	
P05000028213	, a corporation organized under the laws of the State of	
(Doormant Number, if known)		
FLORIDA		
•	1/1/1/1/1/	
• •	I MUVU	
	(Stenetime of resident of the filtereduct)	

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 Tallahamon, Florida 3231

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