## 05000047180

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	J.	
(Bus	siness Entity Nar	ne)
(Doe	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
	•	

Office Use Only



800136242288

20 Hycen

09/29/08--01036--017 \*\*35.00



ROP 108

## **COVER LETTER**

Division of Corporations
SUBJECT: SALAMA INVESTMENTS, INC.
(Name of Corporation)
DOCUMENT NUMBER: P05000047180
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
AMAL W. SALAMA
(Name of Person)
SALAMA INVESTMENTS, INC.
(Name of Firm/Company)
1061 ALVINA LANE
(Address)
OVIEDO, FL 32765
(City/State and Zip Code)
For further information concerning this matter, please call:
RAYMON SALAMA at (407) 342-4977 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2008 SEP 29 PM 3: 52

SECRETARY OF STATE

, AMAL W. SALAMA	, hereby resign as VICE PRESIDENT
l,	, hereby resign as (Title)
of SALAMA INVESTMENTS, INC	<b>C</b> .
	of Corporation)
P05000047180	, a corporation organized under the laws of the State of
(Document Number, if known)	· · · ·
FLORIDA	<u>_</u> .
4	Q
Clark	

## FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314