P05000050194

| (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: |
| |
| |
| |





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06/23/05--01065--001 **192.50

OS JUN 23 PM 11: 02
SECRETARY OF STATE

10P 6/27/05

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: The Latis Express Cord Corporation (Name of Corporation) |
| DOCUMENT NUMBER: Pa 5 0000 50194 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Valerio Rasaks (Name of Person) |
| The Latin Express Card Corporation |
| 15970 West State Road 84, Suite 237 |
| Santise FL 3332 6 (Otty/State and Zip Code) |
| For further information concerning this matter, please call: |
| Valerio Rosoko at (954) 384 48 75 (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

| FILED |
|--|
| RESIGNATION OF REGISTERED AGENT JUN 23 PM 11: 02 FOR A CORPORATION SECRETARY OF STATE Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
| |
| Florida Statutes, the undersigned, Jurgen & Liemer (Name of Registered Agent) |
| hereby resigns as Registered Agent for The Latin Express God Corporation) |
| P 0 50000 50 194 (Document Number, if known) |
| A copy of this resignation was mailed to the above listed corporation at its last known address. |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. |
| (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)