

POS0000094177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

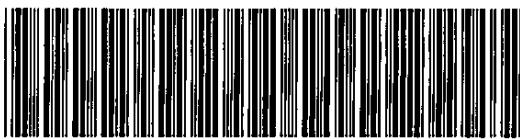
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400101383094

05/07/07--01009--032 **70.00

07 MAY -7 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUZA HAULING INC
(Name of Corporation)
DOCUMENT NUMBER: P05000094177

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

Please return all correspondence concerning this matter to the following:

AROLDO L. SOUZA

(Name of Person)

SOUZA HAULING INC

(Name of Firm/Company)

6210 SHELDON RD # 2401

(Address)

TAMPA - FL - 33615

(City/State and Zip Code)

For further information concerning this matter, please call:

AROLDO SOUZA

(Name of Person)

at (813) 447-5479

(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

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

FILED

07 MAY -7 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, BEATRIZ D'AMICO SOUZA, hereby resign as Secretary,treasurer & VP
(Title)

of SOUZA HAULING INC.
(Name of Corporation)

P05000094177, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Beatriz D'Amico - Souza
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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