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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
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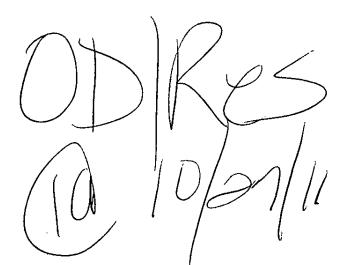


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SECRETARY OF STATE
DIVISION OF CORPORATIONS



COVER LETTER

Officer/Director Resignation for SOUTH AEROSPACE, INC. (Name of Corporation) P05000142344 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIGUEL VEIZAGA, ESQ. (Name of Person) ALCOBA & ASSOCIATES, P.A. (Name of Firm/Company) 3399 NW 72 AVENUE, SUITE 211 (Address) MIAMI, FL 33122 (City/State and Zip Code) For further information concerning this matter, please call: MIGUEL VEIZAGA (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: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Post Office Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SANDRA HUERTA	, hereby resign as	
	(Title)	
of_SOUTH AEROSPACE, INC.	,	
(Name	of Corporation)	
P05000142344 (Document Number, if known)	_, a corporation organized under the laws of the State of	
FLORIDA		
	DIVISION OF CORPORATIONS OF CORPORATIONS OF CORPORATIONS OF CORPORATIONS	
_	- G	

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

FILING FEE IS \$35.00

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