

P05000145260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

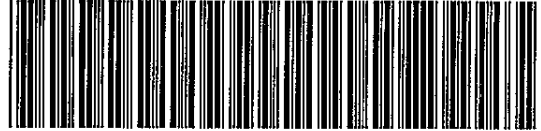
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Off. Resign.*

G. Ouellette

DEC 28 2005

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** USA UNDER CONSTRUCTION INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000145260

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

Please return all correspondence concerning this matter to the following:

MARIA V RAMIREZ  
(Name of Person)

(Name of Firm/Company)

2465 WEST ROBLE DR  
(Address)

KISSIMMEE FL 34746  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA V RAMIREZ at ( 407 ) 396-6840  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARIA V. RAMIREZ, hereby resign as VICEPRESIDENT  
(Title)

of USA UNDER CONSTRUCTION INC  
(Name of Corporation)

P05000145260, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

MARIA VICTORIA RAMIREZ  
(Signature of resigning officer/director)

**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  
Tallahassee, Florida 32314

**FILED**  
**2005 DEC 16 AM 8:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**


I, LUIS LOPEZ, hereby resign as TREASURER (Title)

of USA UNDER CONSTRUCTION INC  
(Name of Corporation)

P05000145260, a corporation organized under the laws of the State  
(Document Number, if known)

FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

  
(Signature of resigning officer/director)

**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  
Tallahassee, Florida 32314