

P050001 55289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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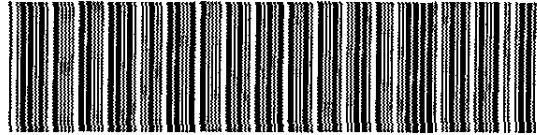
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 360° HURRICANE SHUTTERS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000155289

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

Please return all correspondence concerning this matter to the following:

PABLO A. MARTINI
(Name of Person)

360° HURRICANE SHUTTERS, INC.
(Name of Firm/Company)

8362 PINES BLVD. SUITE 361
(Address)

PEMBROKE PINES FL 33024
(City/State and Zip Code)

For further information concerning this matter, please call:

PABLO A. MARTINI at (954) 1654-1948
(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

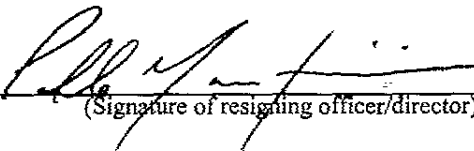
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PABLO A. MARTINI, hereby resign as VICE PRESIDENT, DIRECTOR
(Title)

of 360° HURRICANE SHUTTERS, INC.
(Name of Corporation)

P05000155289, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE FLORIDA

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