

P05000157355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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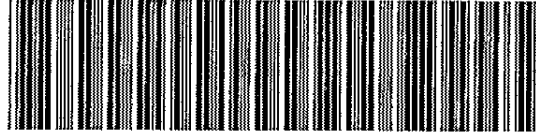
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PULGARIN ENTERPRISES, INC.

(Name of Corporation)

DOCUMENT NUMBER: P05000157355

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

Please return all correspondence concerning this matter to the following:

CARLOS PULGARIN

(Name of Person)

PULGARIN ENTERPRISES, INC.

(Name of Firm/Company)

506 S PINE AVE

(Address)

OCALA FL 34474

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS PULGARIN

(Name of Person)

at (352) 732-2100

(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, CESAR A PULGARIN, hereby resign as SECRETARY
(Title)

of PULGARIN ENTERPRISES, INC.
(Name of Corporation)

P05000157355, 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