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07 MAR -5 PH 1: 29
SECRETARY OF STACE

on Resign.

C. Coulliotte MAR - 6 2007

COVER LETTER

	mendment Section ivision of Corporations
	T: 18T PRAMID FINANCIAL INC. (Name of Corporation)
DOCUM	IENT NUMBER: PO 5000 159167
The enclo	osed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please ret	turn all correspondence concerning this matter to the following:
(-	RAFAEL ULLOA (Name of Person)
120	(Name of Firm/Company)
<u>540</u>	805 # 3MM BRUSE # 508
AG	WIE FL 33328 (City/State and Zip Code)
For furthe	er information concerning this matter, please call:
RA	(Name of Person) at (954) 689-0203 (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

ſ,	ANTHONY	PASSER	, hereby	/ resign as	PRESIDE	(Title)	- · ···	
of_	1ST PAR	AND AND (Name of Co	TW CAL	(NC.			,	
<u>_</u> P	O 5 000 15 Q I	known) a	corporation or	ganized und	er the laws of	the State of		
	FLORUSA			-			· •	-
			~		+		_	~
		(Signat	ture of resigning	officer/directo	r)	SECRET ALLAH	07 MAR	······································
						RETARY OF AHASSEE.F	-5 PH	ANED
						T.		

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