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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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DIVISION OF CORPORATIONS
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0/0/Resign. 03/10/06 N.

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: CHIZELED PHYSIQUES I INC.
SUBJECT: CHIZELED PHYSIQUES INC. (Name of Corporation) DOCUMENT NUMBER: POLODOD 2 33 73
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JEFFREY MENDOZA (Name of Person)
ChizELED PhysiQues (Name of Firm/Company)
1340 NW 116 St. (Address)
MIAMI FL 33/67 (City/State and Zip Code)
For further information concerning this matter, please call:
VEFFREY MENDORA at (786) 439-9498 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Michele Lopez, hereby resign as VICE PROSIDENT
of_	Chizeles Physiaves, Inc.,
p	(Document Number, if known), a corporation organized under the laws of the State of
	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 06 MAR -2 PM 12: 45

SECRETARY OF STATE DIVISION OF CORPORATIONS