

PO60000039460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

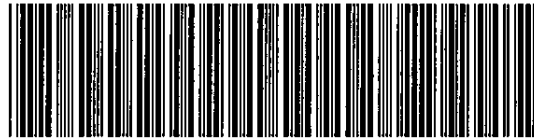
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SP/Liu Resign

FILED
07 JAN -2 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JAN 05 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Florida Foam Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000039460

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

Please return all correspondence concerning this matter to the following:

Zoraida Guerrero
(Name of Person)

(Name of Firm/Company)

758 Windrose Dr.
(Address)

Orlando, Fl. 32824
(City/State and Zip Code)

For further information concerning this matter, please call:

Zoraida Guerrero at (407) 414-7767
(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**

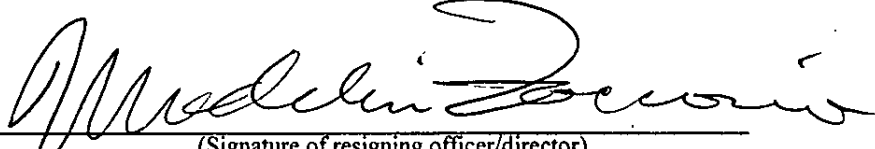
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Stefano Zaccaria, hereby resign as President
(Title)

of All Florida Foam Inc.
(Name of Corporation)

P06000039460, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

Power of attorney of Zaccaria Stefano
(see attachment)

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

General Power of Attorney

(with Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, STEPANO ZACCARIA
of VENEZUELA - BTC POMBAL BETH FLORIDA
the undersigned Grantor (hereinafter Principal), do hereby make and grant a general power of attorney to Martin Zaccaria
of Orlando Florida
and do thereupon constitute and appoint said individual as my Attorney-in-Fact/Agent.

If my Agent is unable to serve for any reason, I designate CARMEN ZACCARIA
of ORLANDO, FLORIDA as my successor Agent.

My Attorney-in-Fact/Agent shall act in my name, place and stead in any way that I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The Principal must write his or her initials in the corresponding blank space of each box below with respect to each of the subdivisions (A) through (N) below for which the Principal wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

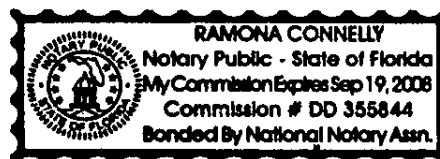
- | | | |
|---------|-----|--|
| 1521 | (A) | Real estate transactions |
| 1521 | (B) | Tangible personal property transactions |
| 1521 | (C) | Bond, share and commodity transactions |
| 1521 | (D) | Banking transactions |
| 1521 | (E) | Business operating transactions |
| 1521 | (F) | Insurance transactions |
| 1521 | (G) | Gifts to charities and individuals other than Attorney-in-Fact/Agent (If trust distributions are involved or tax consequences are anticipated, consult an attorney.) |
| 1521 | (H) | Claims and litigation |
| 1521 | (I) | Personal relationships and affairs |
| 1521+52 | (J) | Benefits from military service |

State of FLORIDA
County of BROWARD

On DECEMBER 6, 2006, before me, Ramona Connelly,
appeared Stefano ZACCARIA, personally known to me (or proved
to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies),
and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Ramona Connelly
Signature of Notary



Affiant Known Produced ID
Type of ID BTC ID
(Seal)

DECEMBER 6, 2006

Modesto Zaccaria