P06000044972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUL 11 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INSTITUTO AMERICANO DE NEUROAPRENDIZAJE, INC .
(Name of Corporation)

DOCUMENT NUMBER: P06000044972

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

Please return all correspondence concerning this matter to the following:

MELQUISEDEC DESALVADOR
(Name of Person)

INSTITUTO AMERICANO DE NEUROAPRENDIZA.
(Name of Firm/Company)

16850 112 COLLINS AVENUE
(Address)

SUNNY ISLES BEACH FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

MELQUISEDEC DE SALVADOR at (786-) 6634045
(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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
06 JUL -3 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, RUBEN MAISONET, hereby resign as SECRETARY
(Title)

of INSTITUTO AMERICANO DE NEUROAPRENDIZAJE, INC
(Name of Corporation)

P06000044972, a corporation organized under the laws of the State of
(Document Number, if known)

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