

PO6000044972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

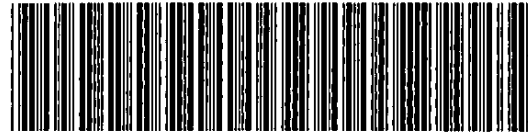
(Business Entity Name)

(Document Number)

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T. Roberts JUL 11 2006

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL -3 AM 10:49

FILED

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

(Name of Person)

at (786-) 6634045

(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**

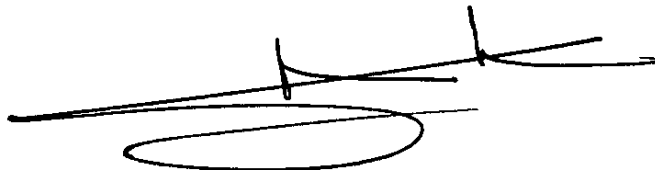
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06 JUL -3 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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