

(Requestor's Name)					
(Address)					
(Address)					
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PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE FALLAHASSEE, FLORIDA 07 HAY 21 AM 10: 0:

COVER LETTER

Division of Corporations
SUBJECT: Malsata Inc.
DOCUMENT NUMBER: (Name of Corporation)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Sobrina Taheny
(Name of Person) (Name of Firm/Company)
19595 NE 10th Ave Ste.G
Miami, FL 33140 (City/State and Zip Code)
For further information concerning this matter, please call:
Sabrina Tackeny at (305) 915-5229 (Name of Person) at (305) 915-5229 (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

1,	Golo	Maldonado, hereby re	sign as_Vice	President
of <u>`</u>	Malo	Hame of Corporation)		•
	(Document Number	a corporation organ	nized under the laws of	f the State of
	Horida			
				OT HAVE
		Signature of resigning offi	cer/director	SSEE, FLORESTON

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