# PO0000 52445

(Demondral Name)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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# **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	Resignation of an Officer - ALARFLOR, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P06000052445
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
	RUBEN FLORES
	(Name of Person)
	ALARFLOR, INC.
	(Name of Firm/Company)
	510 NE 61st Court
	(Address)
	Fort Lauderdale, Florida 33334
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
	RUBEN FLORES at ( 954 ) 649-2742
	(Name of Person) at ( 954 ) 649-2742 (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle lassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

FILIED SECRETARY OF STATE DIVISION OF CORPORATIONS

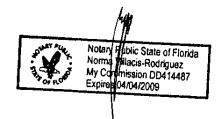
# OFFICER / DIRECTOR RESIGNATION MAR 12 PH 12: 08 FOR A CORPORATION

I. RUBEN FLORES	hereby resign as	as_Vicepresident/Secretary	
**	, nerooy resign as	(Title)	
of_ALARFLOR, INC.			
C	Name of Corporation)		
P06000052445 (Document Number, if known)	, a corporation organized ur	nder the laws of the State of	
FLORIDA	·		
		are	
	(Signature of resigning officer/direct	tor)	

### 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



\*THIS CERTIFICATE IS ATTACHED TO A ONE PAGE DOCUMENT DEALING WITH A RESIGNATION FOR A CORPORATION AND DATED MARCH 7, 2007.

# **ACKNOWLEDGMENT CERTIFICATE**

State of Florida County of Broward

The foregoing instrument was acknowledged this seventh day of March, 2007, by Ruben Jimenez Flores, who personally appeared before me and present his Florida Driver License, as Identification and acknowledged that he signed the instrument voluntary for the purpose expressed in it.

seal

Notary Public, State of Florida

Notary Public State of Florida Norma Villacis-Rodriguez My Commission DD414487 Expires 04/04/2009