PD6000081797

(Requestor's Name)		
(Address)		
(Address)		
(Addiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, , ,		
(Document Number)		
Certified Copies Certificates of Status		
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Off Resign News 05/22/07--01048--005 **35.00



COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: HABITEK, INC.
502	(Name of Corporation)
DOC	CUMENT NUMBER: P06000081797
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
ВІА	NCA BAUERLE
	(Name of Person)
RA	CHLIN, SAUNDERS & ASSOCIATES
	(Name of Firm/Company)
111	20 N. KENDALL DRIVE, SUITE 201
	(Address)
MIA	MI, FL 33176
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
BIA	NCA BAUERLE at (305) 270-2040 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations On Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RAUL M. MORALES	hereby resign as DIRECTOR/PRESIDENT
	(Title)
of_HABITEK, INC.	
(Nam	e of Corporation)
P06000081797	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
•	The second second
	The Table of the state of the s
	(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