

P06000097826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

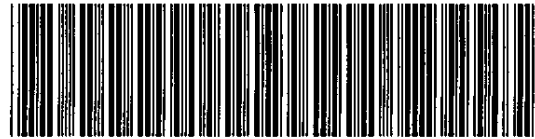
(Business Entity Name)

(Document Number)

Certified Copies



Certificates of Status



300082448053

12/20/06--01018--001 \*\*43.75

Special Instructions to Filing Officer:

Office Use Only

blb

EC

SG

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HIDALGO MOTOR GROUP CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000097826

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE A. HIDALGO  
(Name of Contact Person)

HIDALGO MOTOR GROUP CORP  
(Firm/Company)

580 W 63<sup>RD</sup> ST  
(Address)

HALEAH FL 33012  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE A. HIDALGO at (305) 303-3016  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

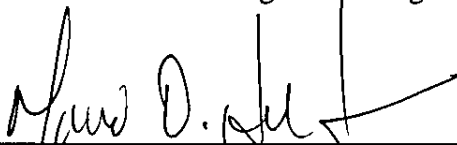
**OFFICER / DIRECTOR RESIGNATION**

I, MARIO O. HIDALGO, hereby resign as V/D  
(Title)

of HIDALGO MOTOR GROUP CORP,  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**