PO600104509

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

Office Use Only



300139450653

01/05/09--01022--011 **35.00





COVER LETTER

Amendment Section Division of Corporations

TO:

INITIAL AND TAY OF DVIOLING	
SUBJECT: INMIGRATION AND TAX SERVICE INC (Name of Corporation)	
DOCUMENT NUMBER: P06000104509	
The enclosed Officer/Director Resignation for a Corporation and fee	are submitted for filing
Please return all correspondence concerning this matter to the followi	ng:
ZAIRIS CRUZ	
(Name of Person)	
INMIGRATION AND TAX SERVICE INC	
(Name of Firm/Company)	
3118 W 76TH ST	
(Address)	
HIALEAH, FL 33018	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ZAIRIS CRUZ at (305) 821-7	757
ZAIRIS CRUZ at (305) 821-7 (Name of Person) (Area Code & Daytin	ne Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Departme	nt 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

CARIDAD SUAREZ	, hereby resign as PRESIDENT	
.,	(Title)	
INMIGRATION AND TAX SE		
(Nan	ne of Corporation)	
P06000104509 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA	·	
	ABN	
	(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