TO6000110455

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Ri	ısiness Entity Nar	ne)		
(50	isiness Entity Ivan	110)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
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Special Instructions to	Filing Officer:			
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2007 NOV -2 AM IO: 55

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF COR	PORATION: Mi MEXT	0 # 2 Moat ma	etot, INC
DOCUMENT N	UMBER: <u>Pobooo</u>	1/0455	
The enclosed Arti	cles of Amendment and fee	are submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following:	
	(Name	of Contact Person)	
Accounting & Part. SERVICE VAC			
Accounting & Prof. SERVICESCURO (Firm/Company)			
399 F ENTERPRISE ST (Address)			
		(Address)	
Ococe FC 34761			
(City/ State and Zip Code)			
1	ation concerning this matter,		
J.1	len	at (404) 656 (Area Code & Daytim	-3883
(Nam	e of Contact Person)	(Area Code & Daytin	ne Telephone Number)
;	k for the following amount:		
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A		Street Address	

Division of Corporations

Tallahassee, FL 32301

Clifton Building
2661 Executive Center Circle

OFFICER / DIRECTOR RESIGNATION NOV -2 AM 10: 55

1, Javiel Borragan	_, hereby resign as <u>U-fresident</u>
9	(Title)
of Mi MEXICO # 2 Mcar (Name of Corpora	+ Market, INC
•	
(Document Number, if known), a corpo	oration organized under the laws of the State of
FLORIDA	

(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