

PD6000115748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PERFECT 1 INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000115748

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE SOCARRAS

(Name of Person)

PERFECT 1 INC

(Name of Firm/Company)

16300 NE 19 AVE SUITE 247

(Address)

NORTH MIAMI BEACH, FLORIDA 33162

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE SOCARRAS

(Name of Person)

at ( 305 ) 944-1500

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department 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**

**FILED**

**06 DEC 15 AM 11:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, JORGE A SOCARRAS, hereby resign as PRESIDENT  
(Title)

of PERFECT 1 INC  
(Name of Corporation)

P06000115748, a corporation organized under the laws of the State of  
(Document Number, if known)

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