

PO6000115748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

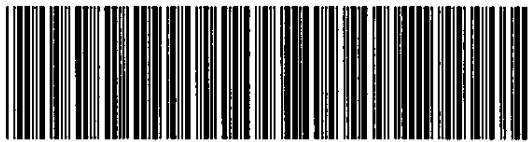
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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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 at (305) 944-1500
(Name of Person) (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

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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