

PO6000135662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

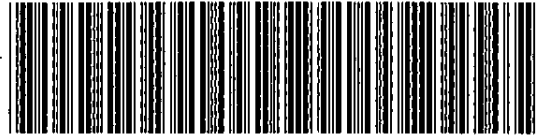
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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*Officer Resign
Erin Murphy
2/12/08*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TREPIDO CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: PO6000135662

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

REINALDO SANCHEZ
(Name of Person)

TREPIDO CORPORATION
(Name of Firm/Company)

P. O. Box 610520
(Address)

N. Miami, FL. 33261
(City/State and Zip Code)

For further information concerning this matter, please call:

REINALDO SANCHEZ at (415) 260-6130
(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

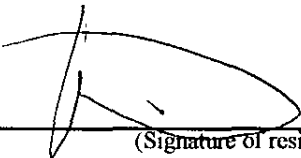
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RESINALDO SANCHEZ, hereby resign as VP
(Title)

of TREPIDO CORPORATION
(Name of Corporation)

P06000135662, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AP