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SECRETARY OF STALL
FALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: ACRYLIC S	OLUTIONS, INC	
DOCUMENT NUMBER: PO	7000001554		
The enclosed Articles of Amen	dment and fee a	are submitted for filing.	
Please return all correspondence	e concerning thi	is matter to the following:	
BORIS GALVE	Z		
	(Name	of Contact Person)	
ACRYLIC SO	LUTIONS, INC	C	
***************************************	(Fi	rm/ Company)	
8069 NW 67 S	TREET		
		(Address)	
MIAMI, FL 3316	6		
	(City/ S	tate and Zip Code)	
For further information concern	ning this matter,	please call:	
BORIS GALVEZ		at (<u>305</u>) 629-4415	
(Name of Contact Pe	rson)	(Area Code & Daytime 7	Telephone Number)
Enclosed is a check for the foll	owing amount:		
	Filing Fee & cate 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 Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	cle

Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION JUL -9 AM 9: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Ø

I. CHRISTIAN SOLER	, hereby resign as DIRECTOR
·,	(Title)
of_ACRYLIC SOLUTIONS, INC.	
(Name	of Corporation)
P0700001554 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	_ .
(S	ignature of resigning afficer/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