

P07000011731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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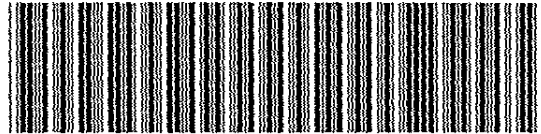
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VELOZ INSURANCE CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P07000011731

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

Please return all correspondence concerning this matter to the following:

JOSE L MONZON

(Name of Person)

VELOZ INSURANCE CORPORATION

(Name of Firm/Company)

2401 WEST 72ND ST, BAY 3

(Address)

HIALEAH, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE L MONZON

(Name of Person)

at (786) 243-9122
(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, EDUARDO ABAVICIUS, hereby resign as PRESIDENT
(Title)

of VELOZ INSURANCE CORPORATION
(Name of Corporation)

P07000011731, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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