

P070000 28174

(Requestor's Name)

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(Business Entity Name)

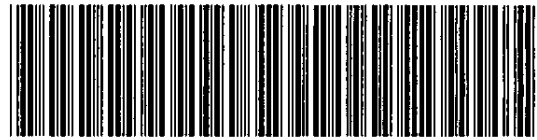
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**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** GLOFINSO INC

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUBEN D. PORTAL  
(Name of Contact Person)

GLOFINSO INC  
(Firm/ Company)

3674 N.W 2<sup>ND</sup> STREET  
(Address)

MIAMI FL 33125  
(City/ State and Zip Code)

For further information concerning this matter, please call:

RUBEN D. PORTAL at (786) 3371297  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate 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 Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

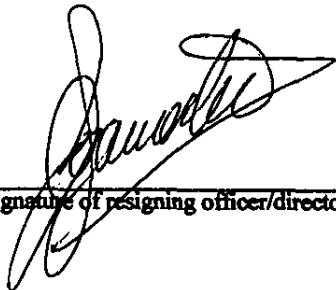
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, RAFAEL DAMACHO, hereby resign as TREASURER/OFFICER  
(Title)

of GLOFINSO INC  
(Name of Corporation)

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

\_\_\_\_\_

  
\_\_\_\_\_  
(Signature of resigning officer/director)

FILED  
MAY 27 PM 4 30  
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