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(Requestor's Name)			
(Address)			-
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT WAIT	MAIL	
(Business Entity Name)			
(De	ocument Number)		
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Special Instructions to Filing Officer:			
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COVER LETTER

Division of Corporations		
SUBJECT: Newcomp, Inc. (Name of Corporation) DOCUMENT NUMBER: P0700056514		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Joaquin M. Jaramillo, PRESIDENT		
Newcomp, Inc. (Name of Firm/Company)		
1776 POIK Street # 6E-074		
Holly Wood, FL 33020 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Anthony J. Randazzo at (954) 596-5965 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for \$35.00 made payable to the Florida Department of State.		

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

CR2E044(08/05)

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Anthony J. Randazzo, hereby r	Vice President, Treasurer, esign as Secretary, Director
of Newcomp Inc, (Name of Corporation)	(Title)
P0700056514 , a corporation orga (Document Number, if known)	inized under the laws of the the off
Horida.	ASSEER B
	8: 24 STATE STATE LORIDA
(Signature of resigning of	ficer/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