

PD7000094963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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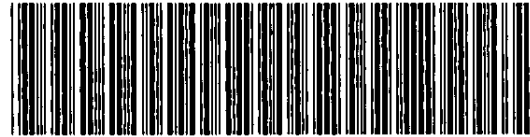
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALFA MANAGEMENT GROUP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000094963

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

Please return all correspondence concerning this matter to the following:

ALINA KARPOVA

(Name of Person)

(Name of Firm/Company)

1001 North Federal Highway Suite 102

(Address)

Hallandale, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Alina Karpova at (305) 725-6399
(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
P.O. Box 6327
Tallahassee, FL 32314

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

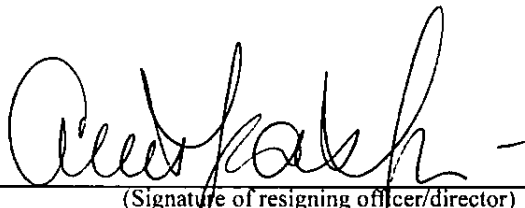
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Alina Karpova, hereby resign as President
(Title)

of ALFA MANAGEMENT GROUP, INC.
(Name of Corporation)

P07000094963, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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