

P07000 11/1/66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

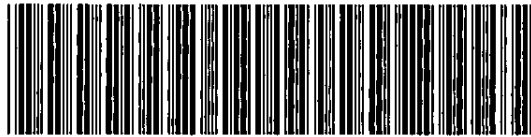
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000113459800

01/07/08--01005--010 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN -7 PM 2:41

FILED

*Office Resign
Eun Murphy
1/8/08*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAPACHE HOME CARE CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P07000111166

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

MARIA E. HERNANDEZ
(Name of Person)

MAPACHE HOME CARE CORPORATION
(Name of Firm/Company)

1661 NW 114 AVENUE
(Address)

PEMBROKE PINES, FL 33026
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA E HERNANDEZ at (954) 433-0214
(Name of Person) (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

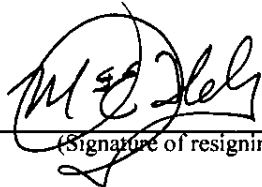
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIA E. HERNANDEZ, hereby resign as PRESIDENT
(Title)

of MAPACHE HOME CARE CORPORATION
(Name of Corporation)

P07000111166, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

+ 
(Signature of resigning officer/director)

FILED
08 JAN - 7 PM 2:41
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